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Nevada Problem Gambling Treatment System

Annual Report

Fiscal Year 2025

Prepared for the Nevada Department of Health and Human Services | Bureau of Behavioral Health Wellness and Prevention | Department of Behavioral and Public Health | November 13, 2025 | by Andrea Dassopoulos, Tiange Xu, Ph.D., and Bo J. Bernhard, Ph.D.

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Table of Contents

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We owe a sincere thanks to the individuals who shared their experiences with us. Their stories are the heart of this work.

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DISCLOSURES

The UNLV International Gaming Institute works with a wide range of public agencies, nonprofit organizations, and private-sector gaming companies on research, education, and advisory projects. Members of the author team have participated in externally funded research, consulting, and speaking engagements in these areas. Some authors have also received travel support or honoraria for invited presentations. These activities are unrelated to the findings presented in this report.

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EXECUTIVE SUMMARY

"Going through that program saved my life."

OVERVIEW

Nevada Problem Gambling Services provided funding for outpatient and residential treatment and crisis support in FY2025, along with an initiative that brings gambling screening and interventions into substance use programs. These services reached people seeking help for their own gambling, as well as concerned others affected by a loved one's behavior. Together, the system supported 454 people in specialty clinics and assisted another 208 people through crisis calls.

Outpatient programs served the largest share of clients this year. Clinics enrolled 247 gamblers and 40 concerned others. One outpatient provider in Reno closed during the first quarter, which reduced capacity in that region, yet outpatient enrollment remained steady and continued to show recovery from pandemic-era lows. Concerned others accessed services at rates similar to previous years.

Nevada began the year with one residential provider. That provider stopped serving clients midway through the year, which limited availability and reduced the number of residential admissions to 31 clients. This change reflects a loss of treatment capacity rather than a decline in need.

The Gambling Integration Pilot Program continued across nine substance use clinics. These clinics screened 608 clients using the Problem Gambling Severity Index. Among those screened, 145 clients scored in the moderate or severe range, and each received brief gambling education and support within their existing treatment plans. Staff at these clinics continued to build their skills in recognizing and addressing gambling problems as part of broader behavioral health care.

People entering the specialty clinics often arrive in crisis. Most outpatient clients fall into the severe gambling disorder range, and many report financial strain, personal loss, instability in housing or employment, and high levels of distress when they enter care. Residential clients experience even greater instability and have very limited income, high unemployment, and far fewer financial resources. These differences shape the types of support each group needs and underscore the importance of a statewide treatment system that can meet a wide range of needs.

CLIENT FOLLOW UWP

We completed 286 follow up interviews at 30 days, 90 days, and 12 months after treatment entry. Clients described consistent improvements in their daily functioning, sense of control, and family relationships across all stages of follow up. They also reported major reductions in gambling behaviors. At 30 days, 56 percent had not gambled since entering treatment, and although

abstinence declined to 49 percent at 12 months, over 90 percent said they had reduced their gambling compared to their peak.

Clients also described strong improvements in relationships and their ability to handle stress and daily challenges. Housing and financial situations showed slower improvement, which is expected because these areas take longer to repair and often depend on factors outside of the treatment setting. Many clients expressed a desire for more financial counseling and support with meeting basic needs, especially in the early stages of recovery.

Clients rated the quality of treatment very highly. Across time points, they described their counselors as supportive, knowledgeable, and attentive. They also emphasized the value of group counseling and said that being around others who shared similar experiences helped them feel connected and understood. Many said that treatment gave them a foundation to rebuild their lives, regain stability, and understand their gambling in a new way.

These strong treatment experiences influenced outcomes. Most clients said they felt confident in their ability to control their behavior, manage urges, and stay engaged with their wellness plans. Clients also noted the importance of having counselors who are available during crises or high-risk moments. This access helped clients stay connected to treatment and maintain momentum when they felt vulnerable.

SYSTEM PERFORMANCE

Across the specialty clinics, 56 percent of clients met the criteria for successful discharge. These clients completed at least 75 percent of their treatment goals, developed a plan for continued wellness, and maintained at least 30 days without problem gambling before exit. This is a strong outcome for a population that arrives in treatment with severe gambling disorder and multiple areas of instability.

Statewide data show a treatment system that continues to function reliably despite changes in provider capacity. Outpatient services remained stable and reached a wide range of clients. Concerned others continued to seek support at consistent levels. The integration program identified many clients with gambling problems who might not have accessed specialty clinics. Crisis services continued to serve as an important entry point for people in acute distress.

Overall, the FY2025 findings show that Nevada's problem gambling treatment system continues to provide accessible, high-quality care. Clients report meaningful reductions in gambling, improvements in well-being, and strong satisfaction with their treatment experiences. The statewide system remains a vital resource for people experiencing significant financial, emotional, and behavioral crises and continues to support long-term recovery.

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Support that continues after formal treatment ends. Aftercare helps clients stay connected to resources, reinforce coping skills, and maintain progress in their recovery.

CONCERNED OTHER

A family member, partner, friend, or someone in a person's close network who experiences harm because of another person's gambling. Concerned others can enroll in treatment for support, counseling, and education.

COURT REFERRED TREATMENT

Treatment that involves the court in some way. Some clients participate in the Gambling Treatment Diversion Court, which replaces traditional sentencing with structured gambling treatment and monitoring. Other clients receive court recommendations or requirements outside the diversion court. All clients receive the same clinical services, and providers coordinate with the court when needed.

CRISIS CALL

A call from someone experiencing urgent distress related to gambling harm. Crisis calls provide immediate support and do not require enrollment in treatment.

DIGITAL HEALTH PLATFORM

A mobile or web-based system that supports behavioral health and recovery. Nevada currently uses the Evive platform as one of its digital tools to provide education, guidance, self-monitoring features, and access to resources.

DSM-5 GAMBLING DISORDER CRITERIA

A set of nine symptoms used to diagnose gambling disorder. Clinicians assess these criteria at intake to determine treatment planning.

FOLLOW UP INTERVIEW

A confidential interview at 30 days, 90 days, and 12 months after treatment entry. Clients report on well-being, functioning, and gambling behaviors.

GRASP

The Gambling Resources and Support Program. GRASP includes crisis support, digital health interventions, training for providers, gambling screening within substance use disorder and medicated opioid use disorder clinics, and statewide coordination across services to connect people to help.

INTENSIVE OUTPATIENT PROGRAM (IOP)

A structured form of outpatient care that involves at least nine clinical counseling hours each week. IOP offers a higher level of support than standard outpatient treatment while clients continue to live at home.

OUTPATIENT PROGRAM

A treatment program where clients attend scheduled counseling sessions while living at home and continuing their daily routines. Services include individual, group, and family counseling, education, crisis support, and aftercare planning.

PEER SERVICES

Support provided by people with personal experience in gambling recovery or addiction. Peer staff help clients stay engaged, work on recovery goals, and navigate challenges outside of counseling sessions.

PROBLEM GAMBLING SEVERITY INDEX (PGSI)

A nine-item measure that identifies gambling problems and classifies risk levels from no risk to severe harm. Scores guide clinicians in determining the level of gambling support needed.

PROBLEM GAMBLING SPECIALTY CLINIC

A treatment provider that receives state funding to deliver outpatient and residential services for people seeking help with gambling problems. These clinics offer the highest level of specialized gambling treatment available in Nevada. Clinics offer assessment, counseling, education, crisis support, and aftercare services to gamblers and concerned others.

RESIDENTIAL PROGRAM

A live-in treatment setting for people with severe gambling problems. Residential programs provide 24-hour support, counseling, daily structure, and recovery-focused activities.

SUCCESSFUL DISCHARGE

Completion of at least 75 percent of treatment goals, a continued wellness plan, and 30 days without problem gambling at exit.

TREATMENT SYSTEM SUMMARY QUICK GLANCE

Total number of people receiving problem **gambling services** in FY2025	807
Total number of people receiving gambling education through GRASP program	145
Total number of people receiving services at **problem gambling specialty clinics**	454
Total number of **unenrolled individuals receiving crisis care** at a problem gambling specialty clinic	208
Outpatient Services	
Number of **gamblers** entering outpatient treatment	247
Average number of sessions per client treatment episode	13
Average cost per client treatment episode	$1,485
Over the past year, percent change in the number of clients (see Figure 1)	+18%
Number of **concerned others** entering outpatient treatment	40
Average number of sessions per client treatment episode	9
Average cost per client treatment episode	$910
Over the past year, percent change in the number of clients	+11%
Residential Services	
Number of clients entering residential gambling treatment	31
Average length of stay in residential treatment	31 days
Maximum length of stay in residential treatment	79 days
Average cost per client treatment episode	$1,852*[1]
Over the past year, percent change in the number of clients (see Figure 1)	-37%
Number of clients receiving assessment only	37
Number of clients receiving court-referred treatment	44
Access	
Average number of days between first contact and first available service	0.3
Average number of days between first contact and treatment entry	1.2
Average number of days between treatment entry and treatment exit	61
Successful Completion of Treatment Program	
Percent of successfully discharged clients, adjusted for external factors	56%
Satisfaction	
"I would recommend this agency to a friend of family member."	97%
Improvements in Functioning and Well-Being after 12 months	
"I am getting along better with my family."	88%
"I do better in school and/or work."	88%
"I am meeting my goal to stop or control my gambling."	89%

[1] The average cost per residential treatment episode reflects only the portion paid by the Problem Gambling Fund. Many clients receive additional funding from other sources, so the state does not always cover the full cost of their stay.

UTILIZATION OF PROBLEM GAMBLING TREATMENT SYSTEM

Nevada's treatment system supports individuals affected by gambling harm, offering services to those seeking help for their own gambling and to concerned others impacted by a loved one's behavior. In addition to outpatient and residential care, programs responded to 208 crisis calls from people not enrolled in treatment, providing immediate support when it was needed.

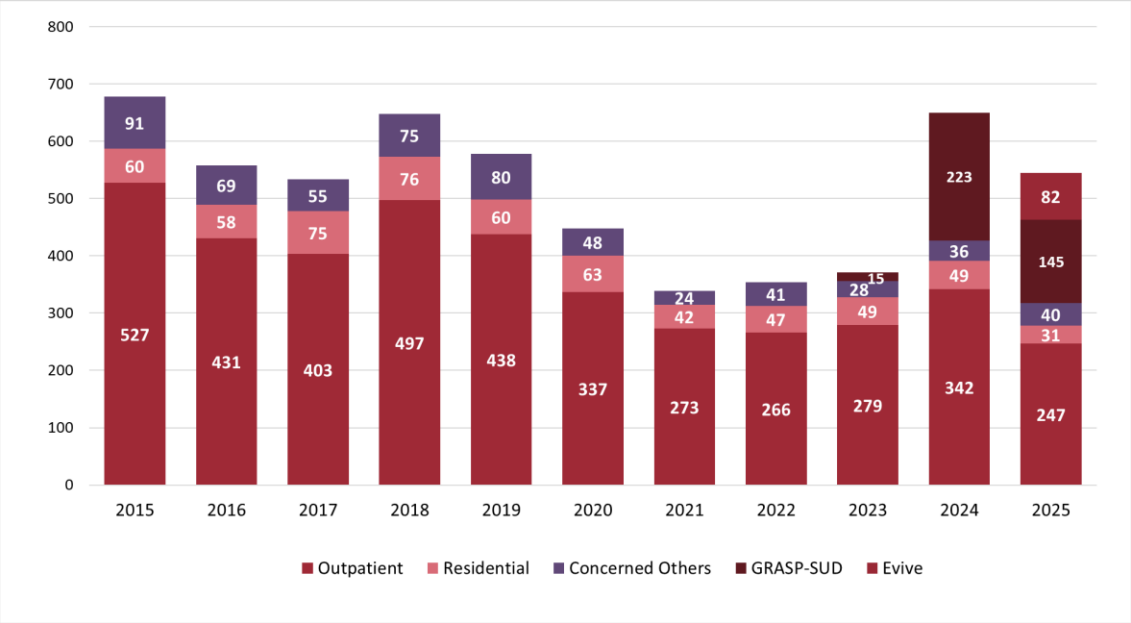
FY2025 showed continued stabilization across the system, though enrollment patterns were shaped by provider changes. The year began with one residential provider, which stopped serving clients midway through the year. Residential enrollment declined to 31 clients, reflecting reduced availability rather than reduced need.

Outpatient enrollment remained strong despite a loss of capacity. One outpatient clinic in Reno stopped serving clients during the first quarter, which limited access in that region. Even with this change, outpatient programs served 247 clients in FY2025. This is below the FY2024 peak but above the pandemic-era lows, showing steady service utilization.

Concerned others accessed services at a steady rate, with 40 enrollments in FY2025. Engagement remained consistent and in line with recent years.

The GRASP-SUD program (previously the "integration pilot program") continued across participating substance use treatment clinics. A total of 145 individuals were screened and supported. Although this is fewer than last year, more agencies participated in the program, and the change likely reflects differences in screening volume rather than reduced program activity.

Figure 1: Outpatient and Residential Enrollments by Fiscal Year



New in FY2025 is the statewide availability of the Evive digital health platform. Nevada now provides free access to Evive for anyone in the state, giving residents another option for support outside of clinic settings. We began tracking app downloads and usage to understand how people seek help beyond traditional treatment programs. These numbers capture individuals who may have gambling problems but may not enroll in formal services, and they offer a broader view of how Nevadans engage with resources related to gambling harm.

Overall, FY2025 shows steady outpatient engagement, stable use of services by concerned others, active implementation of the integration program, and reduced residential access due to limited provider availability.

GRASP NEVADA

The Gambling Integration Pilot Program is now part of GRASP (Gambling Resources and Support Program) Nevada. GRASP has two related efforts: GRASP-SUD brings gambling screening and support into substance use treatment clinics, and GRASP-OTP which focuses on medication-assisted opioid use disorder clinics (still in early development).

GRASP-SUD launched in FY2023 to identify and support people with both gambling and substance use concerns. The goal is to bring gambling screening and services directly into substance use treatment settings. Research shows that about 15 percent of people seeking treatment for substance use disorders also meet criteria for gambling disorder.[2] Addressing both conditions within the same setting can improve overall recovery outcomes.

In FY2025, nine substance use treatment clinics across Nevada participated in the integration program. These included WestCare and Behavioral Health Group in Las Vegas, Rural Nevada Counseling in Silver Springs, Dayton, Yerington, and Fernley, and Community Counseling Center in Carson City.

Each site agreed to incorporate routine gambling screening into its intake process, offer brief gambling education, and work with clients to address gambling concerns within their existing treatment plans. Staff also received training to strengthen their skills in identifying gambling problems, understanding how gambling interacts with substance use, and supporting clients who experience both.

Clients were screened using the Problem Gambling Severity Index (PGSI), a nine item measure that captures gambling behaviors and related consequences over the past year. PGSI scores range from 0 to 27. A score of 0 indicates no gambling problems. Scores from 1 to 2 reflect low risk. Scores from 3 to 7 indicate moderate harm, and scores of 8 or higher reflect severe harm. The PGSI is widely used in both clinical and research settings and provides a practical way for treatment programs to identify clients who may need additional support.

Across the nine clinics, 608 clients completed the PGSI in FY2025. Of these, 43 scored in the moderate harm range and 102 scored in the severe harm range. In total, 145 clients, or 23% of

[2] 1. Cowlishaw S, Merkouris S, Chapman A, Radermacher H. Pathological and problem gambling in substance use treatment: a systematic review and meta-analysis. J Subst Abuse Treat. 2014;46:98–105

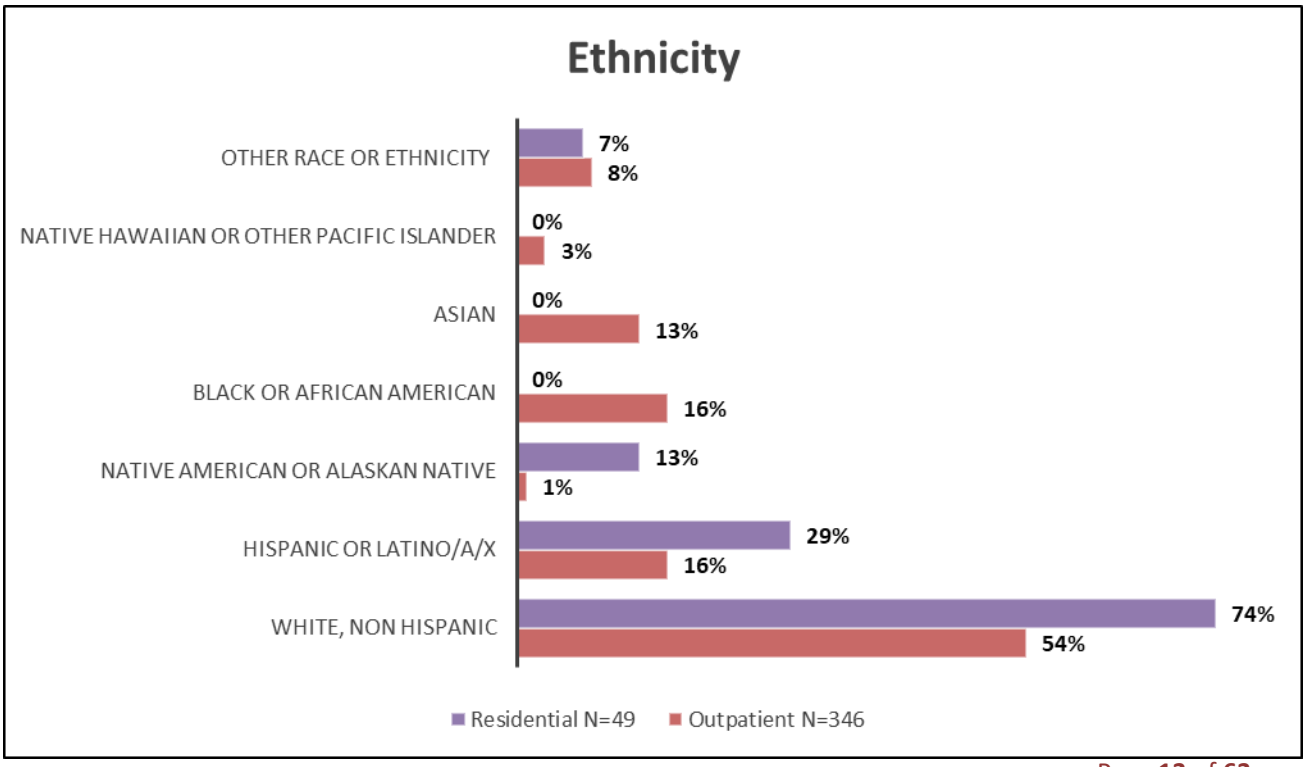
those screened showed meaningful gambling problems that required attention within their treatment plans. These individuals received targeted support, including brief counseling, educational materials, and discussions about how gambling affected their substance use and recovery goals. The integration model created opportunities for staff to identify gambling concerns earlier and to incorporate these issues into ongoing care.

DEMOGRAPHICS OF TREATMENT POPULATION

Clients seeking treatment at Nevada's problem gambling specialty clinics continue to be mostly white men in their mid-forties, with wide variation in income and education. The profiles of outpatient and residential clients differ in meaningful ways that help explain the types of support each group may need.

Men make up the majority of people entering treatment at both outpatient and residential clinics. Women represent a smaller share of clients, and nonbinary or gender-diverse individuals are not represented in the data. This gap points to the need for continued attention to outreach and access for people across the gender spectrum.

The racial and ethnic makeup of people seeking treatment does not reflect Nevada's broader population. In outpatient programs, most clients identify as White, with much fewer people identifying as Black, Hispanic, or Asian. Residential programs show an even stronger concentration of White clients, while Black, Hispanic, and Asian clients appear only in very small numbers.

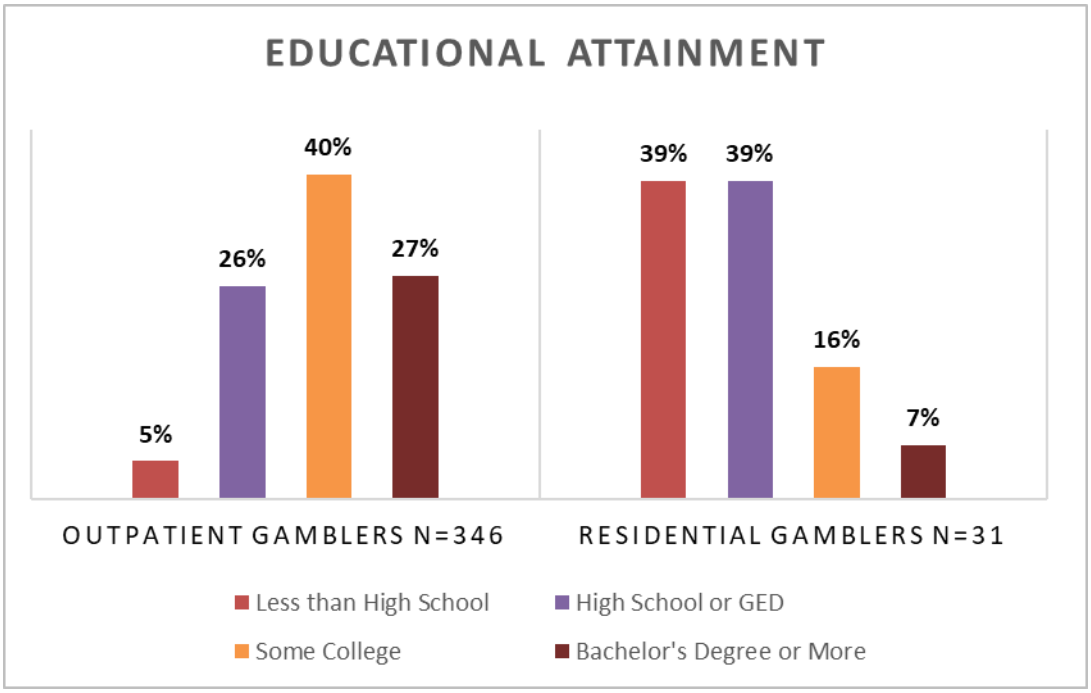


In contrast, Nevada as a whole is far more diverse. According to the 2020 U.S. Census[3], Nevada's population is as follows:

- White, alone: 46%
- Black, alone: 10%
- Hispanic/Latino/a/x (of any race): 29%
- Native American or Alaska Native, alone: 1%
- Asian, alone: 9%

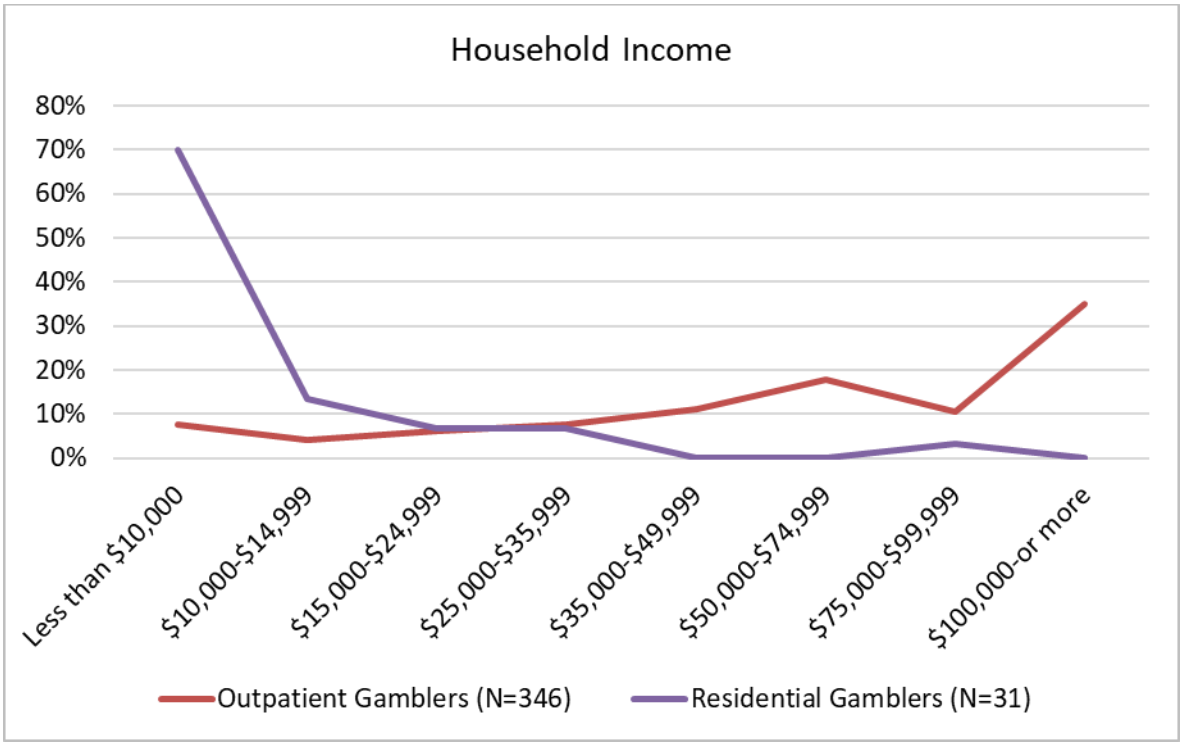
The limited racial and ethnic diversity among clients suggests that some communities in Nevada may encounter barriers to accessing gambling treatment. These barriers may include cultural concerns, language needs, limited knowledge about available services, or trust in the treatment system. Continued outreach and engagement with underrepresented communities remains important.

Educational background differ across treatment settings. Outpatient clients tend to have more years of formal education, while residential clients are more likely to have a high school education or less.



[3] U.S. Census Bureau. (2021). 2020 Census Redistricting Data (Public Law 94-171), Table P1. Race, Nevada. Retrieved from https://www.census.gov

Similarly, income levels also differ between the two groups. Among outpatient clients, income ranges across all categories, but is concentrated in the $50,000 to $99,999 range, indicating greater financial stability than seen in the residential group. Among residential clients, income is concentrated at the lower end.



Very few residential clients report income above $25,000. This pattern suggests deep economic hardship among people entering residential treatment. These clients may face additional challenges such as transportation difficulties, unstable housing, or work disruptions that affect their ability to remain engaged in care.

These demographic patterns show who is currently accessing Nevada's gambling treatment system. They also highlight where additional outreach and support may be needed. Increasing access for racially and ethnically diverse communities, strengthening pathways for women and gender diverse individuals, and reducing financial and educational barriers can help ensure that Nevada's services reach those who need them most.

TREATMENT ENTRY

Clients entering treatment are given a comprehensive assessment of their stability factors, co-occurring health factors, suicidality, the extent of the gambling harm they have experienced, and their gambling disorder diagnosis. Among these assessments, individuals seeking residential services and individuals seeking outpatient services differ along many lines.

STABILITY FACTORS

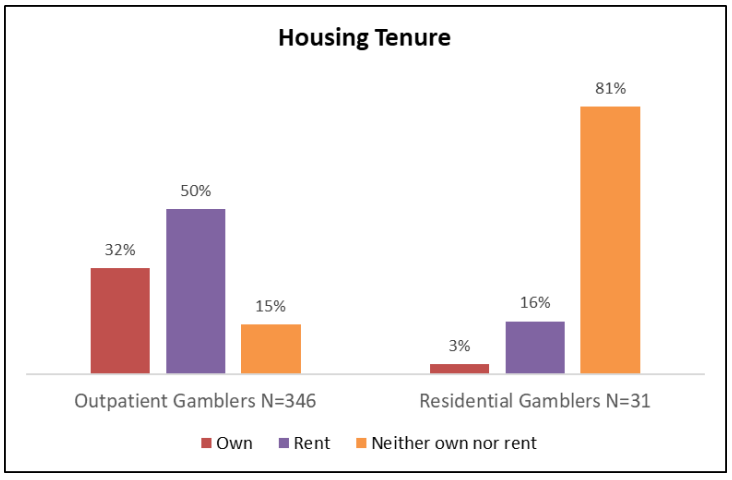
Clients entering treatment are assessed for several factors that could hinder or assist in their recovery. Living arrangements, employment and disability status, health insurance coverage are stability factors that impact recovery. Our residential treatment population has less financial stability and more unstable living arrangements.

HOUSING STABILITY

Housing stability plays a critical role in supporting recovery efforts and is measured here through two main factors: *housing tenure* and *living arrangements*.

Housing tenure refers to whether individuals own, rent, or neither own nor rent their residence, which can indicate the level of housing stability they experience. Those who own their homes may generally have higher stability, as homeownership often implies longer-term residency. Renters, while also potentially stable, may experience more housing instability due to factors such as lease renewal issues, rising costs, or changes in rental policies. Individuals who neither own nor rent may be in less stable situations, such as staying with friends or family, or even facing homelessness or transitional housing situations.

The figure below displays the housing tenure of individuals seeking gambling treatment.

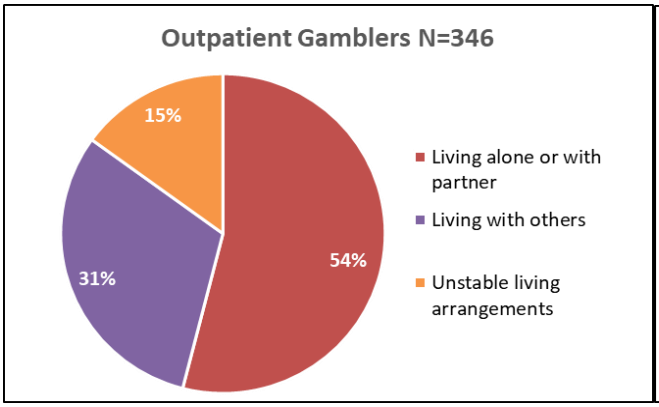


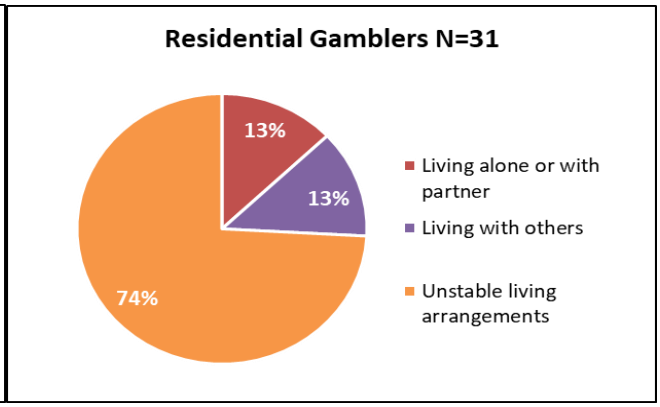
Among outpatient clients, the majority (50%) rent their housing, while 32% own their homes, and 15% neither own nor rent. For residential clients, there is a stark difference: 81% neither own nor rent, suggesting that almost all residential clients are in unstable or transient living conditions, such as staying with friends or family, in shelters, or other temporary arrangements.

This contrast highlights that residential treatment clients often experience higher housing instability, which may contribute to their need for more intensive support. Addressing housing insecurity could play a vital role in supporting the recovery of residential clients.

Living arrangements refer to who lives in the home together, which also impacts housing stability. Individuals with stable living arrangements—defined here as living alone, living with a partner or spouse, living with family or friends/roommates—have a stronger foundation for focusing on treatment and recovery. In contrast, individuals experiencing unstable living arrangements—defined here as living in shelters or other transient arrangements—may face additional stressors that can disrupt or delay recovery.

The figures below illustrate the various living arrangements among the treatment seeking population in Nevada.

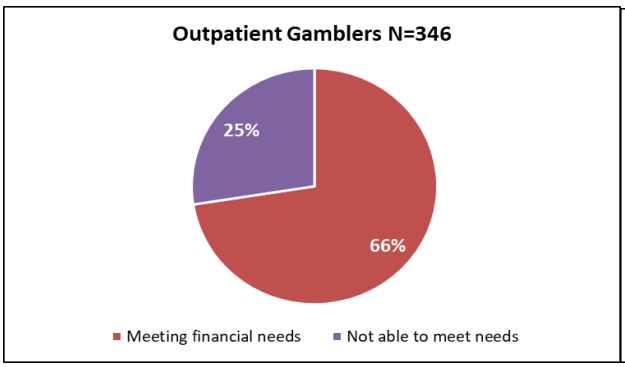


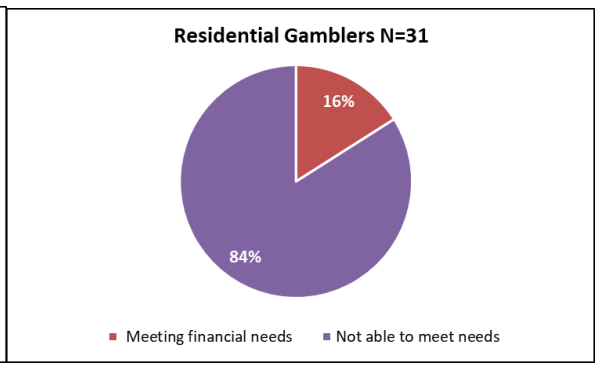


A majority of those seeking outpatient services are in stable living arrangements, but a significant number (15%) are experiencing housing instability. Whereas the opposite is true of those seeking residential services, with 74% of those in unstable housing environments at the time of treatment entry. Addressing housing vulnerabilities can improve program effectiveness and support long term recovery.

FINANCIAL STABILITY

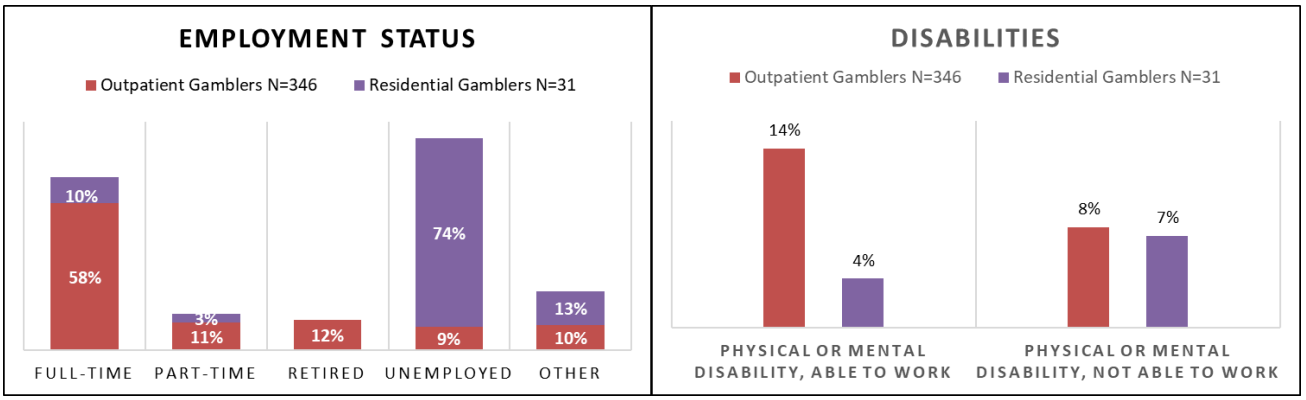
Financial stability influences access to resources that may support individuals as they enter treatment. Financial strain can impact treatment engagement and long-term recovery outcomes, as it increases vulnerability to relapse or engaging in problematic gambling.





A sizable number of Nevadans seeking treatment for gambling problems are not able to meet their basic financial needs when entering treatment. Around 25% of outpatients and 84% of residential clients have severe financial strain.

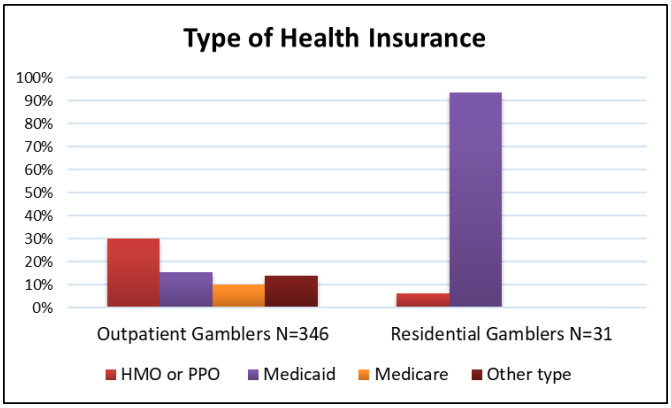
Similarly, those seeking residential care are more likely to be unemployed or disabled than those seeking outpatient care.



While steady employment reduces financial strain, it may also impede an individual's ability to fully engage in treatment due to time and scheduling constraints. It is important to consider flexible scheduling and provide a variety of treatment modalities to increase access and usage of treatment.

Individuals with disabilities may face both financial and health challenges. Treatment providers need to be aware of the ways that the compounded challenges of disability may impact gambling behavior and affect recovery. More research into how to tailor services for this population is needed.

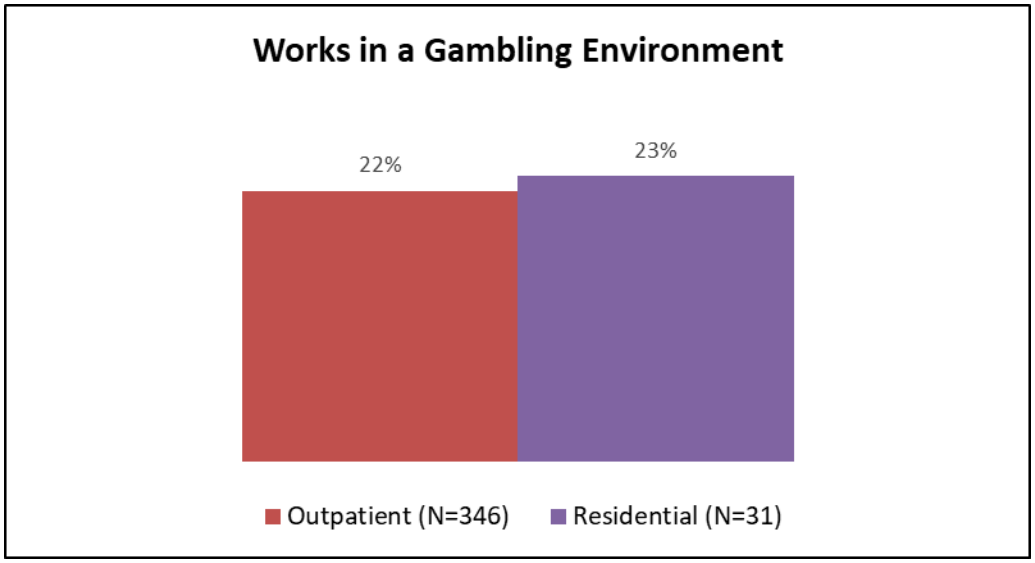
Most Nevadans seeking care have some type of health insurance. Around 69% of outpatients are insured, primarily through workplace benefits. Residential gamblers are nearly all insured through Medicaid.



Health insurance significantly impacts the stability of treatment for those seeking help with problem gambling. Individuals with private insurance typically have access to a wider range of treatment options, often facing fewer barriers than those with Medicaid. However, there are gaps in coverage in both private and public insurances when it comes to treatment of gambling disorder. In Nevada, the availability of free problem gambling treatment is an essential safety net, ensuring that financial barriers to not prevent individuals from accessing the support they need.

WORKING IN A GAMBLING ENVIRONMENT

Working in a gambling environment can be a significant stability factor for someone accessing gambling addiction treatment because it presents unique challenges that may complicate their recovery journey. For individuals with a gambling addiction, constant exposure to gambling activities, promotional materials, and easy access to gambling opportunities can act as triggers, increasing the risk of relapse. Further, workplace culture in gambling environments may often normalize or encourage gambling behaviors, making it harder for someone in recovery to set boundaries[4]. Studies have shown that employees in gambling venues report higher rates of gambling problems[5]. Balancing treatment while managing these ongoing stressors can place additional strain on their recovery efforts, potentially impacting their stability both within their job and in maintaining long-term treatment gains. As such, individuals working in these environments may require tailored support to navigate their recovery successfully.



Approximately 23% of individuals seeking treatment are employed in gambling environments. Given the scale of Nevada's gaming and tourism industry, this is unsurprising. However, these employees face unique vulnerabilities that need careful consideration. Their ability to recover from gambling harm and maintain long-term recovery may be significantly impacted by their work setting. Workplaces have a unique opportunity to promote awareness, support employee health, and reduce stigma around gambling harm.

[4] Shaffer, H. J., Vander Bilt, J., & Hall, M. N. (1999). Gambling, drinking, smoking, and other health risk activities among casino employees. American Journal of Industrial Medicine, 36(3), 365-378. C

[5] Hing, N., Gainsbury, S. (2013). Workplace risk and protective factors for gambling problems among gambling industry employees. Journal of Business Research, 66(9):1667-1673.

GAMBLING HARM AND LOSS

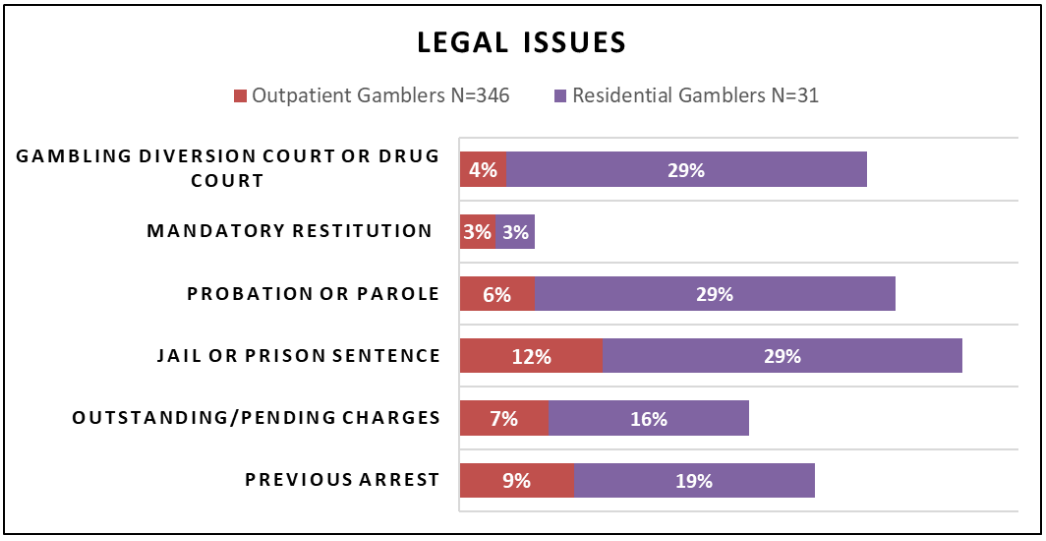
Individuals struggling with their gambling experience a wide range of harms and losses, impacting their legal, personal, and financial well-being. Gambling disorder creates challenges for families, communities, and public systems in addition to the individual affected. In some cases, people may turn to illegal actions like embezzlement or other financial misuses as they try to manage growing debts or to continue gambling, leading to criminal charges and increasing demands on the justice system. The financial strain can also push individuals toward public assistance that they might not have otherwise needed, placing extra pressure on social programs already serving the broader community.

Families often experience heavy loss as well, navigating debt, potential bankruptcy, and even foreclosure, which can destabilize entire households and impact neighborhoods and communities. Employers may also feel the effects, particularly when an employee's gambling disorder interferes with job performance or trust-based responsibilities.

LEGAL ISSUES

Many individuals seeking gambling services in Nevada are dealing with ongoing or past legal issues related to their gambling disorder.

Among those in treatment, approximately 29% of outpatient gamblers and 77% of residential gamblers reported having committed illegal acts to finance their gambling or as a result of their gambling, even if these actions didn't necessarily lead to legal consequences. The table below highlights the type of legal issues Nevadans faced in FY2025 as they entered treatment.

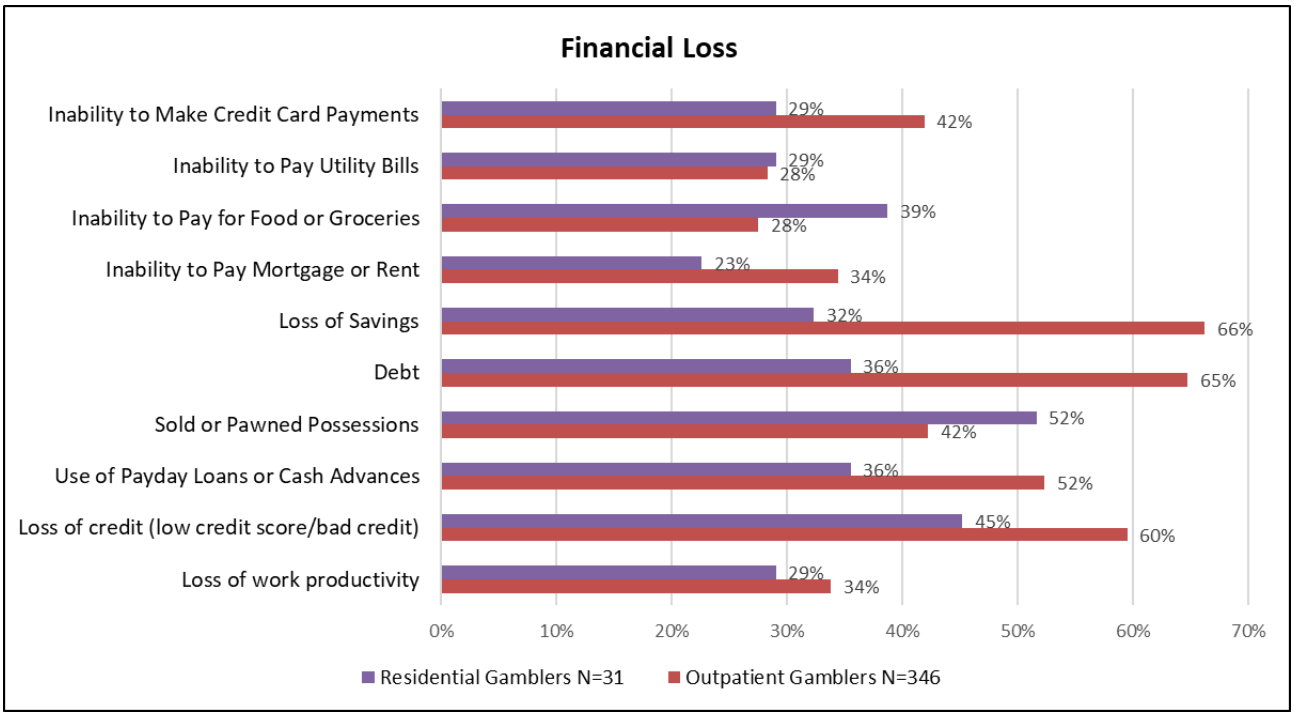


Providing support for these legal challenges can alleviate stress and strengthen the recovery process for those affected. About 14% of individuals seeking gambling treatment in Nevada are referred through the legal system—often by a judge, attorney, or probation officer. Increasing awareness within the justice system about the role of gambling disorder is essential for reducing public harm and supporting recovery for those impacted.

FINANCIAL LOSS

Financial strain is one of the most common and persistent consequences of gambling problems, and it often affects people long before they seek help. Many clients begin treatment only after months or years of mounting financial pressure, and by the time they reach a clinic, the monetary impact has spread into other areas of their lives. Families may defer household repairs, postpone medical or dental care, and take on extra work hours to compensate for hidden losses. These pressures often accumulate quietly, which can delay help-seeking and deepen the eventual crisis.

Nearly 85% of individuals seeking treatment for problem gambling have experienced financial hardships due to their gambling. These losses vary in severity and include accumulating debt, draining savings, struggling to pay for essentials like mortgages, rent, food, utilities, and credit card bills, selling or pawning personal possessions, relying on high-interest payday loans, experiencing reduced work productivity, and damaging their credit scores. The figure below illustrates the extent of financial loss within the treatment population, with approximately half struggling to meet basic living expenses. The figure below illustrates the extent of financial loss within the treatment population, with approximately half struggling to meet basic living expenses.



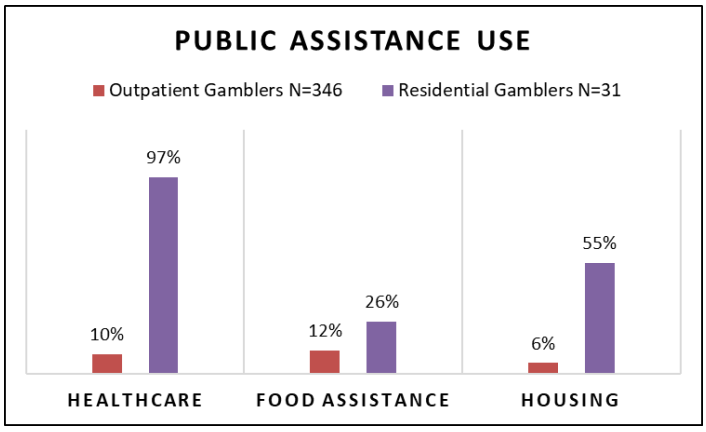
Financial strain often begins long before someone seeks treatment. Many clients describe months or years of rising pressure as bills fall behind, credit limits are reached, and savings slowly disappear. Families may delay routine medical care, avoid necessary household repairs, or take on additional work to keep up with growing financial demands. This gradual accumulation of harm can delay help-seeking and increase the severity of the crisis by the time a person enters treatment.

It is also common for clients to be unaware of the full scope of their financial losses when they first meet with a counselor. Intake numbers usually reflect what clients can recall during an already stressful moment, rather than a complete accounting of credit card balances, small loans, and informal borrowing from friends or relatives. As treatment progresses, individuals often discover additional debts or accounts in collections. For this reason, the figures presented here likely underestimate the true level of financial harm.

The average debt upon entering treatment is **$30,899** for outpatient clients and **$9,920** for residential clients. The comparatively lower debt among residential clients may reflect lower incomes and limited access to credit, which can reduce the ability to accumulate high levels of debt even though financial instability is still present. For some clients, financial harm takes the form of large formal debts. For others, especially those with fewer financial resources, harm appears through skipped utility payments, food insecurity, and difficulty meeting daily needs. Even when debt totals are smaller, the impact can be substantial.

Financial strain also affects relationships and household dynamics. Lost savings, unpaid bills, and borrowing from friends and family can create conflict, shame, and distrust within families. In many cases, repairing these relationships requires as much effort as resolving the financial problems themselves. These emotional and interpersonal pressures can intensify during early recovery and may increase vulnerability to relapse, particularly when individuals feel overwhelmed by the need to quickly fix their financial situation.

The figure below shows public assistance usage among individuals entering treatment. Public resource use is relatively low among outpatient clients, even though many are carrying significant financial strain. In contrast, most residential clients rely on public healthcare (Medicaid) and receive some form of housing assistance, which aligns with lower income levels and more limited financial safety nets within this group.

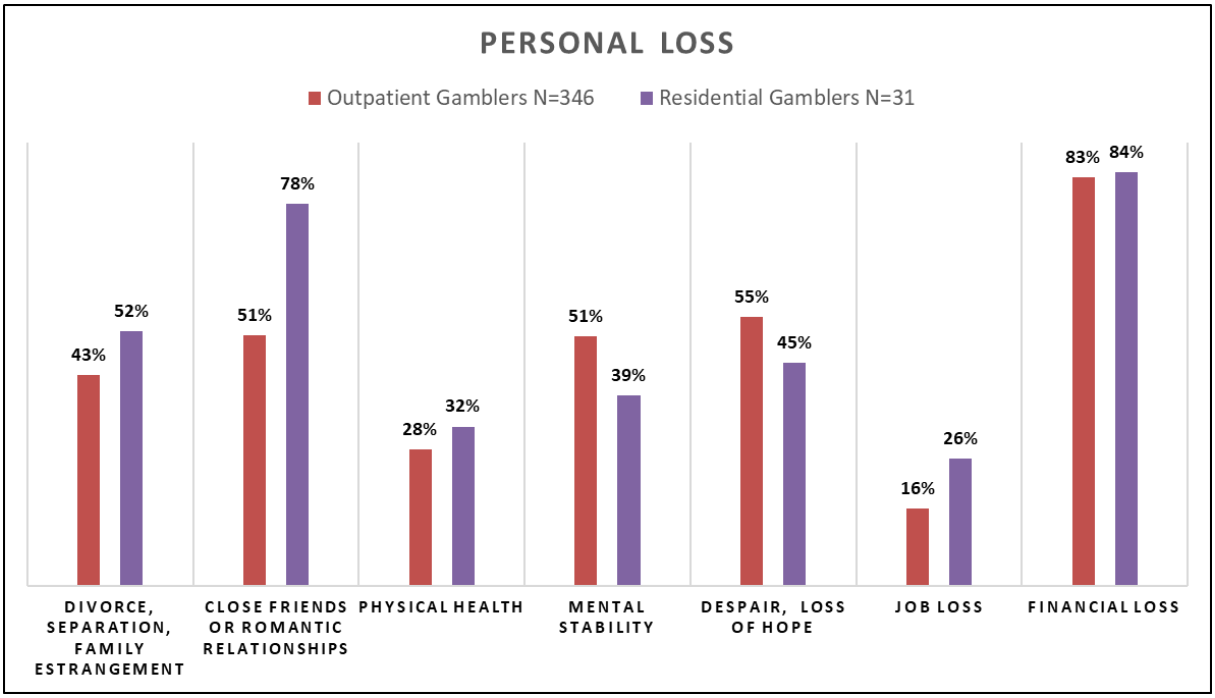


These financial hardships underscore the importance of providing comprehensive support in treatment, as individuals work to rebuild stability and avoid the cycle of gambling-driven financial crises.

PERSONAL LOSS

Individuals seeking gambling services in Nevada often face profound personal losses due to their gambling disorder. Financial loss is nearly universal among those entering treatment, but emotional losses are also deeply felt. Many experience a loss of hope, and strained or broken family and personal relationships are common, as gambling behaviors often lead to mistrust, conflict, and separation from loved ones.

The figure below shows the range of personal losses reported by those in treatment.



Without intervention, these accumulated losses can drive individuals into despair and, for many, suicidality.

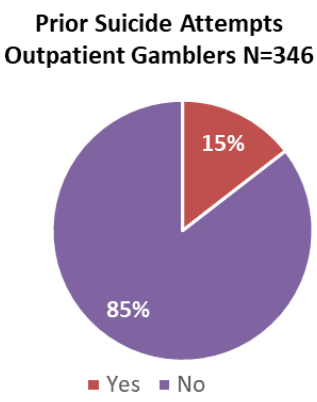
The combination of strained family relationships, depleted finances, and a deep sense of despair can be the catalyst for individuals to pursue help. Nevada's treatment programs receive these clients in severe distress and provide essential support and a structured path to recovery.

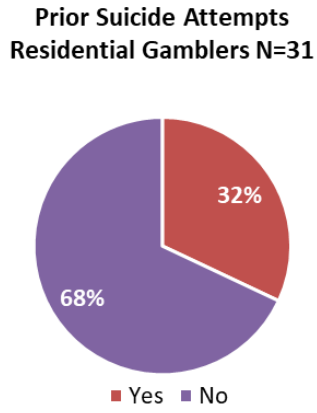
HEALTH FACTORS

Several health factors can affect success in treatment. It is important to understand the treatment seeking population and their co-occurring health concerns beyond gambling.

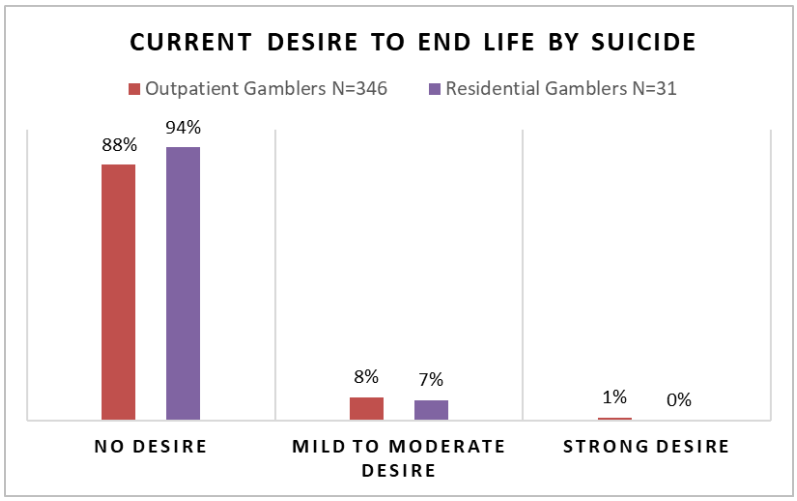
SUICIDALITY

People experiencing gambling harm in Nevada report high levels of distress, including suicidal thoughts and past suicide attempts. Many enter care after long periods of crisis. Among those seeking treatment, a significant number of people have a history of attempts: 15% of outpatient clients and 32% of residential clients reported at least one suicide attempt prior to enrolling in services. These numbers highlight the severity of the crises many clients are managing before reaching care.

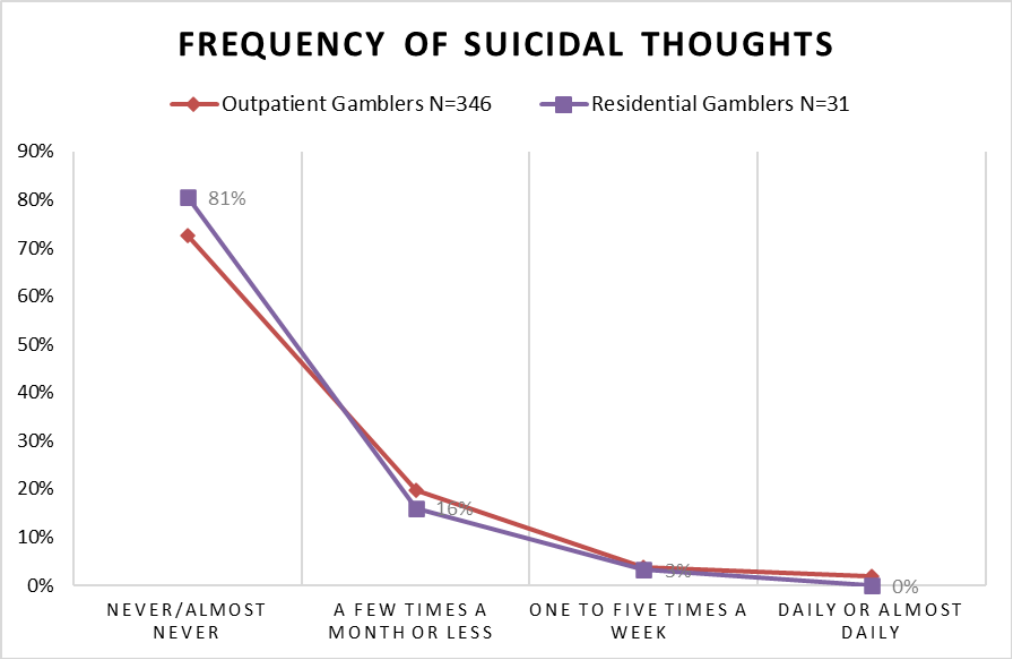




Treatment providers in Nevada screen and monitor suicidality throughout care. During enrollment, clients answer direct questions about their current desire to end their lives and how often they think about suicide. As the figure below shows, most clients do not report an immediate desire to end their lives. About 88 percent of outpatients and 94 percent of residential clients report no current desire. At the same time, 9 percent of outpatients and 7 percent of residential clients report a current desire to end their lives. These clients enter treatment at a very high level of risk and need immediate support.



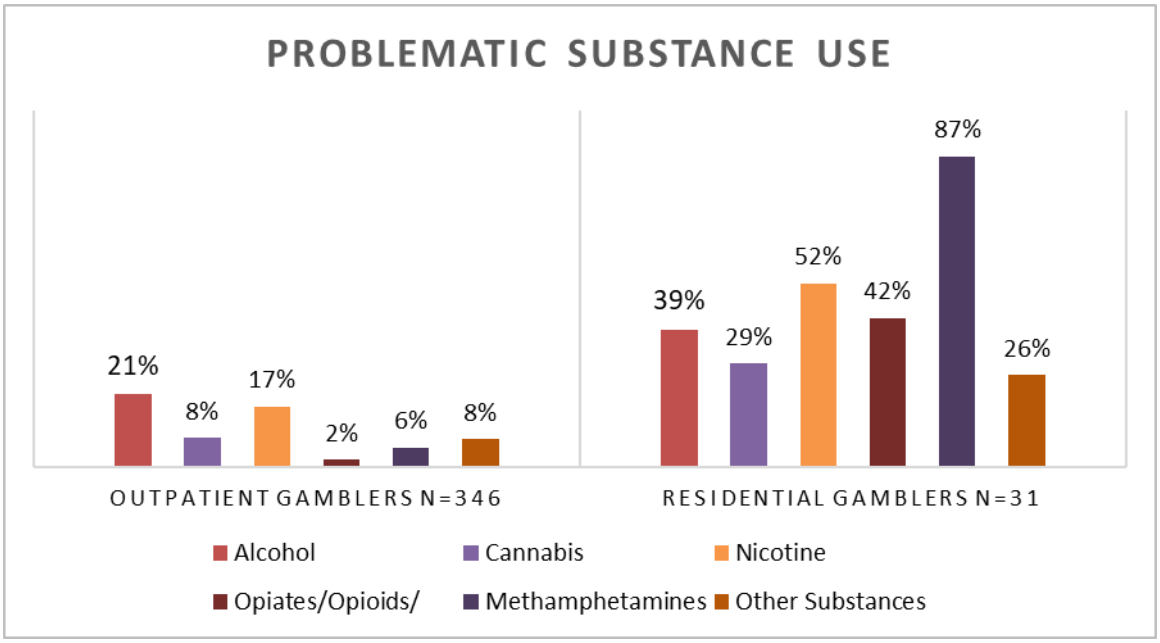
Many clients also report frequent suicidal thoughts during the past year, as the next figure shows. These thoughts reflect the heavy strain of gambling harm and the emotional pressure people often carry into treatment.



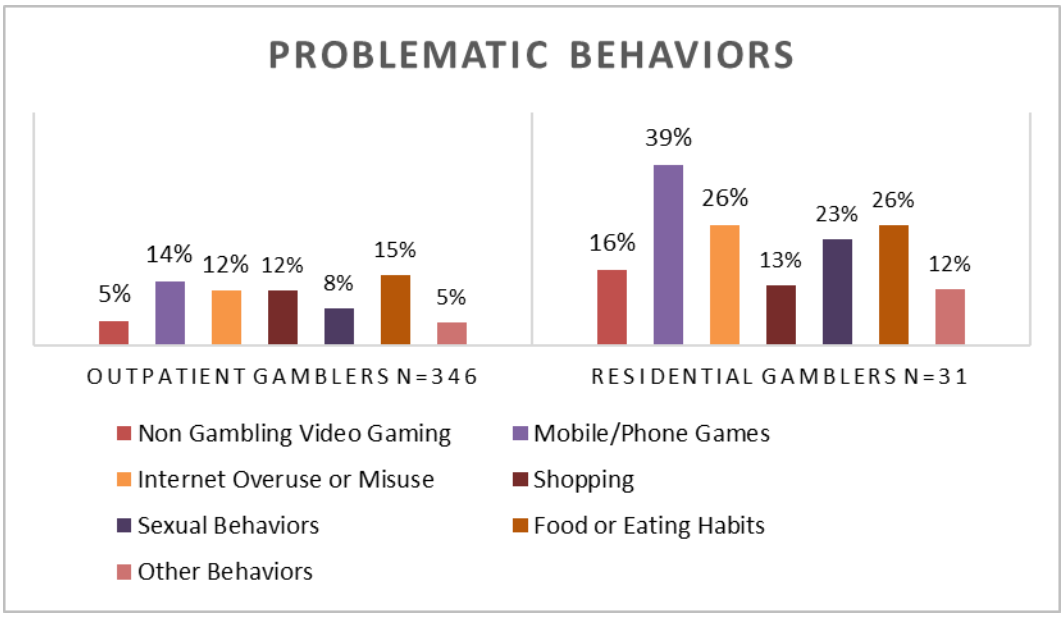
This information helps programs understand the level of distress many clients face when they arrive and reinforces the importance of ongoing monitoring and support throughout care.

CO-OCCURRING SUBSTANCE AND BEHAVIORAL HARMS

Individuals seeking gambling treatment services in Nevada often face co-occurring issues with substances and other problematic behaviors. In the past 12 months, 41% of outpatient clients and 87% of residential clients reported problematic substance use, with alcohol and methamphetamine being the most commonly reported substances. The figure below illustrates the types and frequency of problematic substance use in this population. Clients in residential treatment report higher levels of problematic use, which aligns with the fact that many are seeking care primarily for substance issues when they are diagnosed with a gambling disorder.



Beyond substance use, clients also report problematic behaviors in the past 12 months, including video gaming (non-gambling), mobile phone games, internet use, shopping, sexual behaviors, and food or eating habits. These behaviors can compound gambling issues and are generally addressed as part of their treatment program. Forty-five percent of outpatient clients and 81% of residential clients reported having issues with at least one of these behaviors, with many experiencing difficulties with more than one. The table below shows the percentage of clients with problems in each area, with food and sexual behaviors being the most commonly reported.



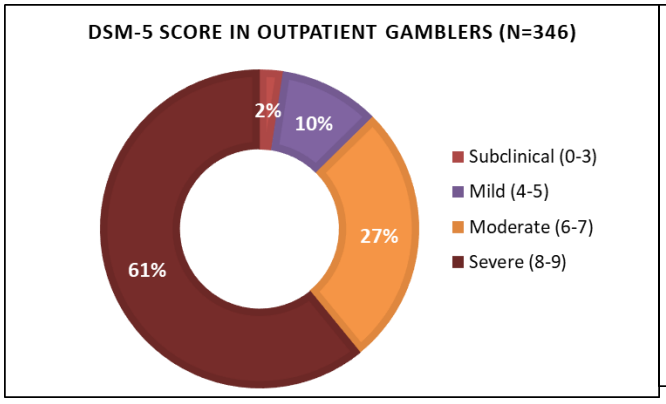
While these behaviors aren't inherently problematic, clients entering treatment have experienced some level of difficulty managing them. Co-occurring addictions and gambling often reinforce each other, creating complex challenges for individuals seeking treatment.

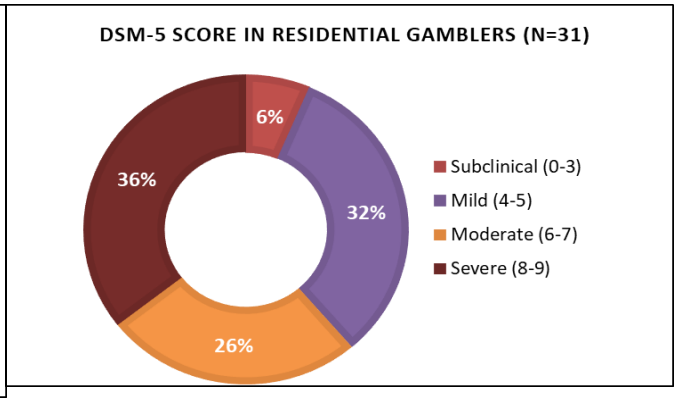
TREATMENT CONSIDERATIONS

Most Nevadans entering treatment for gambling issues are doing so for the first time and often have a severe gambling disorder diagnosis. Many have initially tried self-help and community support groups but eventually sought more structured professional services. Engaging in treatment at earlier stages of the disorder could improve outcomes and help prevent further personal and social harms associated with gambling.

Treatment providers determine the appropriate approach based on diagnosis of gambling disorder using DSM-5 criteria. The DSM-5, or Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), standardizes the process for diagnosing gambling disorder to maintain consistency across clinical settings.[6] To assess for gambling disorder, clinicians look for specific behavioral signs that have persisted over the past year. These criteria include behaviors such as an increasing need to gamble with larger sums for thrill-seeking, repeated unsuccessful attempts to reduce or quit gambling, and significant personal or professional consequences due to gambling. A mild disorder is diagnosed when an individual meets 4–5 criteria, moderate with 6–7, and severe with 8–9. The diagnostic criteria allow the clinician to determine the severity of the disorder and tailor treatment plans to individuals.

Outpatient clients generally have higher DSM-5 scores, indicating more severe gambling disorders. This trend is expected, as individuals in residential facilities often seek care primarily for alcohol or substance use disorders and receive their gambling diagnosis as a secondary issue. Access to treatment at earlier stages of symptom severity has shown to improve recovery outcomes and reduce progression to more severe gambling-related harms, underscoring the importance of broader gambling problem screening across healthcare settings.





Approximately 49% of outpatient clients and 38% of residential clients attended peer support groups, like Gamblers Anonymous, before beginning formal treatment. While peer groups play a valuable role in supporting recovery, they are often insufficient for many Nevadans facing gambling issues, who benefit from professional treatment.

[6] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.

The majority of clients (57% of outpatient and 81% of residential) are new to formal gambling treatment, though around 40% of outpatient clients have accessed these programs more than once. Relapse or the need for additional support services is common in addiction treatment. Ideally, Nevada's programs could address gambling-related issues at earlier stages and provide continued support throughout recovery, aiming to prevent relapse and worsening of the disorder.

TREATMENT SERVICE OUTCOMES

The following section draws on data from follow-up interviews conducted at 30 days, 90 days, and 12 month post treatment enrollment (Complete data collection procedures are outlined in Appendix A). Follow-up findings reflect the experiences of the clients who complete each follow up point, and this group may differ in important ways from the full set of clients who enter treatment. This context helps explain why the follow up results often appear very positive in behavioral health evaluations (discussed further in Limitations section).

Overall, the treatment participants we interviewed provided very positive assessments in an impressive variety of spheres – including access to services, treatment quality and helpfulness, treatment effectiveness, reduction in gambling behaviors, and overall ratings of the quality of service. Treatment is highly impactful on clients' quality of life, shown through sustained improvement in their relationships, employment, and problems related to gambling. Around 80% of clients reported improvement in these areas after 90 days post enrollment and continued to see improvement after 12 months post enrollment.

Significantly, 56% percent of clients exiting treatment in fiscal year 2025 system-wide were discharged successfully, meaning they had completed at least 75% of their treatment goals, completed a continued wellness plan, and had not engaged in problem gambling behaviors for at least 30 days prior to exiting the program.

Based on our analysis of both quantitative and qualitative data, we found that participants were most positive about the cost of treatment services, treatment access, group counseling, the educational information provided, and the bonds they shared with their peers in treatment.

Although participation in treatment appears to help clients abstain from gambling during their actual time in treatment, around half of our participants indicated that they had gambled again a year after entering treatment – an unsurprising rate in the field of addiction studies. As gambling scholars and clinicians move away from pure abstinence models of recovery as the only means of addressing gambling problems, it is important to recognize that clients may prioritize reduction in levels of gambling as their primary goal in treatment. Treatment aimed at reducing gambling, like treatment aimed at establishing abstinence from gambling, helps to reduce the harms associated with gambling. In this vein, we feel it is important to specify that while 51% of clients had gambled in some form within the year following treatment entry, over 90 percent of clients had reduced their levels of gambling since entering treatment. Like abstinence from gambling, this reduction in gambling activities significantly impacts the problems they experience that are associated with their gambling and with their quality of life.

Ultimately, clients expressed feelings of self-awareness, acceptance, achievement, and hope after the completion of their treatment. Given these clients' often desperate statuses when they arrive at these clinics, these pages reveal dramatic improvements. Participants indicated that these programs helped to increase their confidence, empower them, give them the strength to avoid gambling, and in many cases, saved their lives. These strong outcomes represent a genuine victory for those dedicated to helping problem gamblers turn their lives around in the state of Nevada – and emphasizes the crucial need to continue supporting these programs.

ACCESS TO TREATMENT SERVICES

The ability to easily access treatment services is arguably one of the most important components of recovery from addiction. If problem gamblers experience cost, transportation, or other access barriers, the likelihood that they will participate in treatment, and thereby recover from their addiction, declines dramatically. Clients expressed tremendous gratitude that services were available to them. Many clients expressed transportation difficulties or scheduling conflicts but felt that the sacrifices they had to make were warranted given the value of the services they received. The selection of quotes below show how important quick access to free treatment has been in helping participants get on the path to recovery.

> *"To find counselors who are this good and have it be free is a blessing. Most of us do not have the money for help when we need it most."*

> *"I could not afford therapy anywhere else. Knowing this program was free made it possible for me to actually start recovery."*

In the interviews, we asked program participants to evaluate five aspects of their access to treatment services. In Table 2 below, we display average scores for these five items. Overall, the mean scores are very high, indicating a strong level of agreement with each of the positively worded statements (average scores are above 4, meaning that the overall average response is between "agree" and "strongly agree").

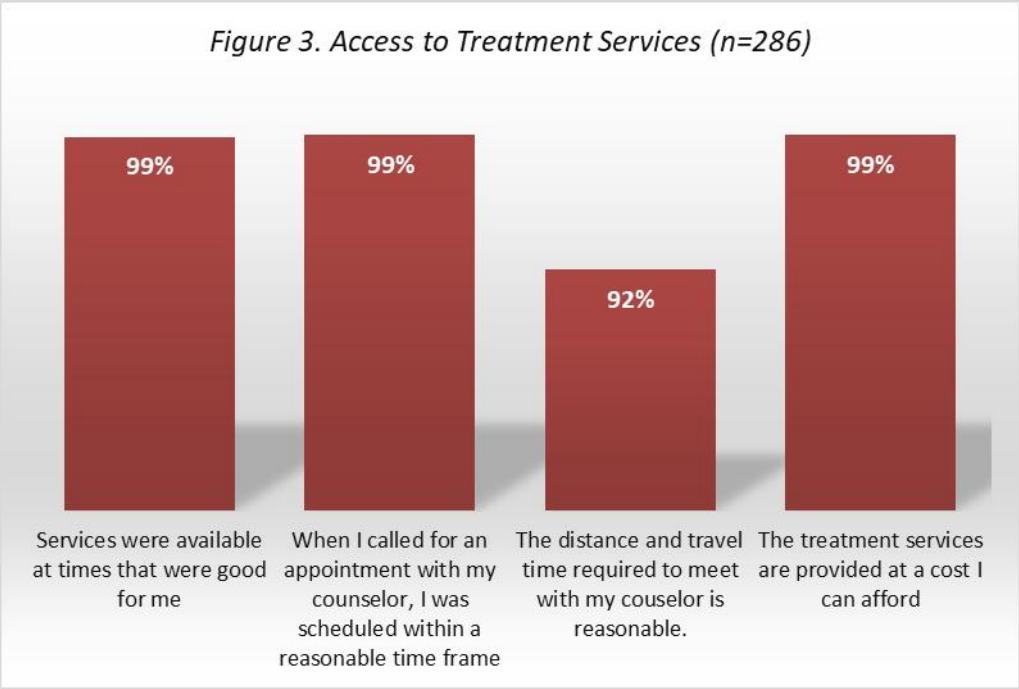
Table 2. Average Ratings of Access to Services

ACCESS TO SERVICES	**Average Score**
(Cronbach's α = .454)	
1. Services were available at times that were good for me.	4.77
2. When I called for an appointment with my counselor, I was scheduled within a reasonable time frame.	4.83
3. The distance and travel time required to meet with my counselor was reasonable.	4.40
4. The treatment services were provided at a cost I could afford.	4.83

These results reflect a strong performance in making treatment accessible, yet they also bring attention to potential barriers that could impact certain groups. For instance, although most people find the travel distance manageable, individuals in rural areas or those lacking reliable transportation might face challenges in consistently accessing services. Additionally, while affordability is nearly universally praised, unexpected costs related to travel or time off work could still create financial strains for some clients.

Improving access involves continually assessing these factors and addressing potential barriers, especially as the client population or geographic reach of services expands. Enhanced accessibility can lead to better engagement, improved treatment outcomes, and a stronger overall support system for individuals dealing with problem gambling.

Figure 3 (below) presents the percentage of participants who agreed or strongly agreed with each statement related to access to treatment services. A large majority of clients felt positively about their access to treatment services, although several clients we spoke with still struggled with accessing services, particularly those with transportation difficulties and those that live in rural areas.



Distance and Travel Time as a Barrier to Access

While the majority of respondents (92%) indicated satisfaction with the distance and travel time required to meet with their counselors, this metric shows slightly lower satisfaction compared to other aspects of access. This may point to an emerging or persistent challenge, particularly for clients in rural or remote areas, who often experience limited access to transportation and fewer local treatment options.

For individuals living far from treatment centers, travel can become a considerable barrier due to both time and financial costs. The time required to travel to and from sessions can disrupt work schedules, family responsibilities, and other personal commitments. This is particularly burdensome for those with inflexible job schedules or caregiving duties. Additionally, clients in rural areas may face higher transportation costs, whether due to longer driving distances, fuel expenses, or limited access to public transportation, which can add financial strain to the treatment process. For those without a reliable vehicle, arranging transportation can be even more complex, sometimes requiring them to rely on friends, family, or community services that may not always be consistently available.

To reduce this barrier, programs could explore expanding remote service options, such as teletherapy, which could make counseling sessions more accessible for individuals in distant locations. Telehealth services allow clients to attend sessions from home, reducing the time and expense associated with travel. Additionally, partnerships with local agencies or transportation services could help alleviate travel challenges for clients in underserved areas.

Overall, while travel distance is not a prohibitive barrier for the majority of clients, addressing this issue through flexible service delivery options could ensure that treatment is accessible to all individuals, regardless of their location. By proactively minimizing travel-related obstacles, the program can increase client engagement and help individuals maintain consistency in their treatment, which is critical to achieving positive outcomes.

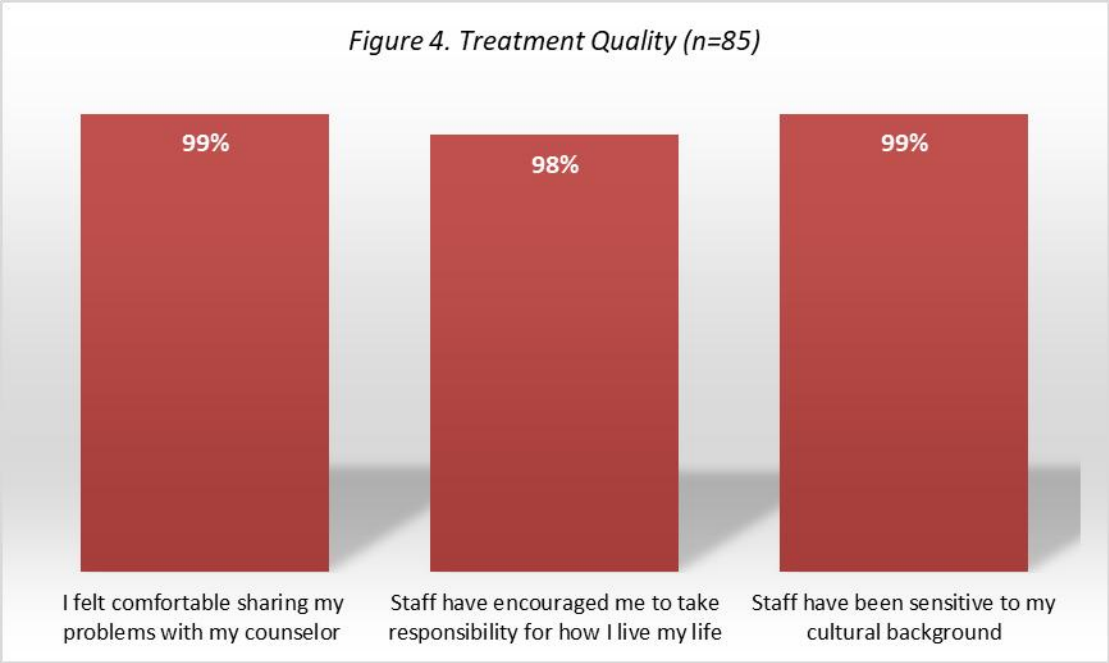
The quality of treatment services is a critical factor in supporting clients' recovery journeys. High-quality, compassionate care builds trust and creates a safe space for clients to address their challenges with problem gambling. Follow up interviews show very high levels of client satisfaction across key areas of treatment quality, particularly in comfort, responsibility, and cultural sensitivity. Overall, clients point to six specific features of treatment programs that maximized their treatment outcomes: 1) community and peer support, 2) personalized support and understanding (client-counselor relationships), 3) scientific and cognitive understanding of addiction, 4) skill-building and practical tools, 5) accountability and structure, 6) accessibility and continuity of care.

In Table 3, we present average scores for items related to the quality of treatment and the helpfulness of treatment staff and services, organized by length of time since starting treatment. Treatment participants responded most positively to items measuring staff encouragement and group counseling. Overall, participants provided extremely positive feedback about the quality and helpfulness of the services they received. All average scores are over 4, indicating an overall average response between strongly agree and agree.

Table 3. Average Ratings of Treatment Quality and Helpfulness

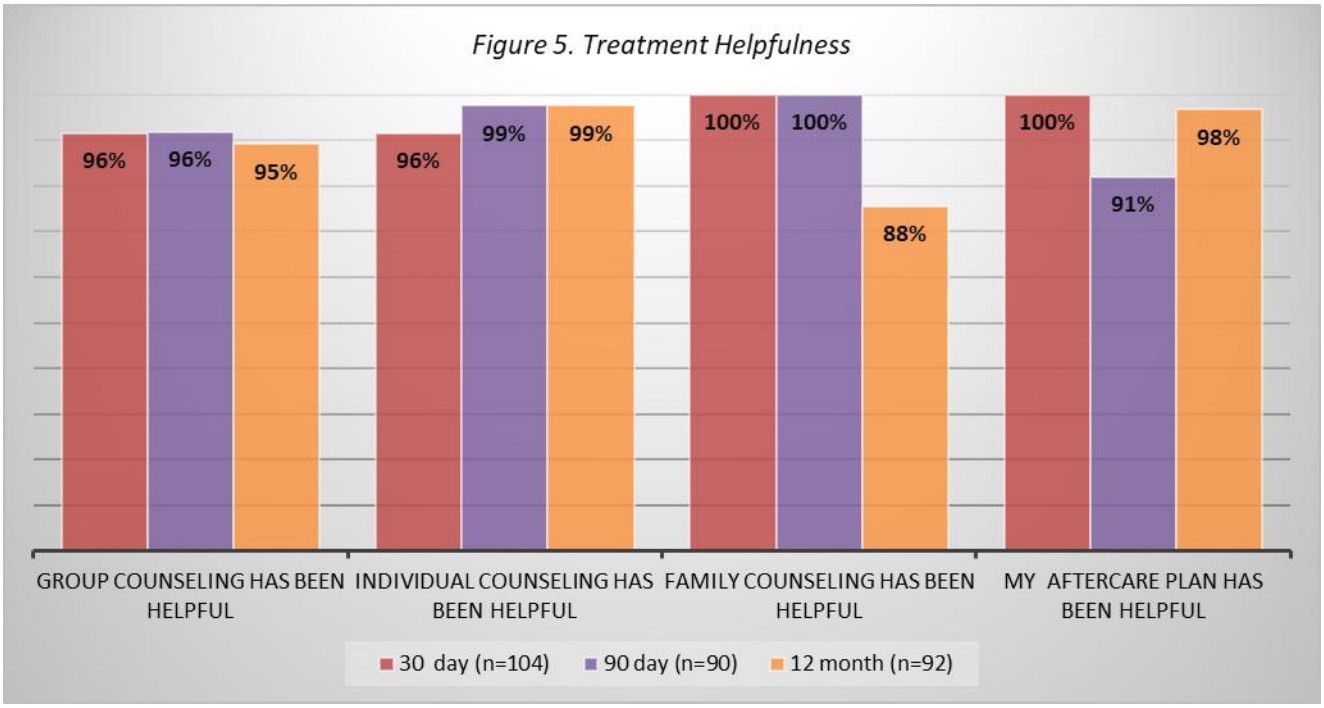
TREATMENT QUALITY and HELPFULNESS	**Average Score**		
(Cronbach's α = .837)	*30 day*	*90 day*	*12 month*
5. I felt comfortable sharing my problems with my counselor.	4.81		
6. Staff have encouraged me to take responsibility for how I live my life.	4.78		
7. Staff have been sensitive to my cultural background (race, religion, language, etc.).	4.83		
8. Group counseling has been helpful.	4.75	4.78	4.58
49. Individual counseling has been helpful.	4.79	4.83	4.63
10. Family counseling has been helpful.	4.88	4.79	4.41
11. My aftercare plan has been helpful.	4.69	4.58	4.37

Figures 4 and 5 (below) represent the percentage of participants who positively rated the quality and helpfulness of their treatment. Over 85% of participants agreed or strongly agreed across all measures that they received high quality treatment and that staff were helpful. They felt comfortable sharing their problems with their counselor, staff encouraged them to take responsibility for how they lived their lives, staff were sensitive to their cultural backgrounds, and group and individual counseling services were helpful.



- **99%** of participants reported feeling comfortable sharing their problems with their counselor. This high level of comfort is essential, as it allows clients to openly discuss personal and often sensitive issues without fear of judgment. A strong therapeutic relationship is built on trust, and this trust enables clients to explore the root causes of their behaviors and work toward meaningful change.
- **98%** of participants indicated that the staff encouraged them to take responsibility for how they live their lives. This focus on personal responsibility empowers clients to become active participants in their own recovery, fostering resilience and self-efficacy. By promoting accountability, counselors help clients make sustainable changes that support long-term well-being.
- **99%** of participants felt that staff were sensitive to their cultural backgrounds. Culturally sensitive care ensures that clients feel seen, respected, and understood, which is especially important in a diverse client population. When counselors take cultural factors into account, they create an inclusive environment that validates each client's unique experiences and values, which can enhance engagement and improve treatment outcomes.

These results underscore that Nevada's providers have a strong commitment to providing high-quality, client-centered care that respects and supports each individual's journey. The high satisfaction rates suggest that clients feel both empowered and valued within their programs, and that the staff are successfully fostering a therapeutic environment conducive to healing and growth. By maintaining this standard of care, programs can 1continue to facilitate positive change and recovery for those struggling with problem gambling.



Feedback on the helpfulness of different treatment modalities indicates high client satisfaction across various forms of counseling and aftercare planning. Each type of intervention—group, individual, and family counseling, as well as aftercare—plays a distinct role in supporting clients' recovery, and follow up interviews reveal that clients find these components beneficial across different stages of their treatment journey.

- **Group Counseling:** At the 30-day mark, 96% of clients found group counseling helpful, at 90 days, also 96% continued to find it helpful and it drops to 95% at 12 months. This high level of initial satisfaction underscores the value of group counseling, which offers peer support and shared experiences. The decline over time may indicate that as clients progress, they may lean more on individual support or other resources as they gain confidence and independence in their recovery.

- **Individual Counseling:** Individual counseling consistently receives high ratings, with 96% of clients at 30 days, 99% at 90 days, and 99% at 12 months reporting that it was helpful. This reflects the importance of personalized, one-on-one support in addressing specific client needs and providing tailored guidance, which remains valuable throughout the recovery journey.

- **Family Counseling**: Family counseling has the highest rating, with 100% of clients at the 30-day mark finding it helpful. Satisfaction remains high at 100% at the 90-day mark, and then drops down to 88% at the 12-month interview. Family support can be critical in recovery, as it helps clients rebuild relationships and create a supportive home

environment. While there is a slight decline in ratings over time, the consistently high satisfaction reflects the role family plays in reinforcing positive changes.

- **Aftercare Plan**: Aftercare planning is essential for maintaining progress post-treatment. 100% of clients at 30 days found their aftercare plan helpful, which slightly decreases to 91% at 90 days and rises again to 98% at 12 months. These numbers suggest that aftercare provides significant support, but there may be an opportunity to enhance long-term engagement or adjust the plan as clients move further along in their recovery to better meet evolving needs.

Overall, clients find a diversity of treatment modalities to be effective. Each component contributes uniquely to recovery, with individual and family counseling remaining especially impactful over time. The high ratings for aftercare and group support underscore the importance of both structured guidance and peer connection. By maintaining these options and addressing any potential gaps in longer-term support, programs can continue to provide comprehensive, effective assistance to clients on their recovery path.

COMMUNITY AND PEER SUPPORT

Group counseling provided a strong sense of community, helping clients realize they were not alone. Sharing stories and hearing others' experiences allowed clients to feel understood and less isolated, which reinforced accountability and provided perspectives on coping strategies.

The comments below reflect the satisfactions clients have with the group therapy format.

> *"Hearing everyone else's stories helps me see that I am not the only one going through this."*
>
> *"The group makes you feel connected. Everyone is different, but we all understand each other."*
>
> *"Listening to other people talk about their struggles showed me I was not alone anymore."*
>
> *"The group has a way of pulling you in. You realize there are people just like you trying to get better."*
>
> *"I made real friendships there. We still check on each other and keep each other accountable."*
>
> *"Being in a room with people who get it makes a huge difference. It gives you hope."*
>
> *"Group gives you perspective. Someone else always says something that hits home for you."*
>
> *"We support each other in ways I did not expect. It helps to know people are rooting for you."*

A small percentage of participants expressed feeling insecure while sharing their personal experiences with the group or not feeling the camaraderie that they had expected with a particular group; however, they were appreciative that the programs have different types of treatment options available and are willing to work with clients to give them the type of help they want and what they think will work best to address their gambling problems.

Being in group therapy gives participants a sense that they are not alone and that their problems are surmountable. Many of them have expressed that, prior to treatment, they felt alone and that no one could understand what they were going through. In group therapy, they are able to see that so many others share their experiences and draw inspiration from those that have been successful in dealing with their gambling problems. They feel a sense of obligation to the group as well, which becomes motivating to them in times of uncertainty because they do not want to let down the group. Although group therapy is the most highly praised among participants, it was not for everyone. For those who did not connect in the group setting, they expressed gratitude that individual therapy was also available.

PERSONALIZED SUPPORT AND UNDERSTANDING

The client-counselor relationship was key to clients' satisfaction and success in gambling treatment. They found that counselors provided them with an empathetic and non-judgmental environment that allowed for open dialogue. Clients felt truly listened to and supported, as demonstrated by the quotes below:

> *"My counselor texted me just to make sure I was okay. That meant a lot. It showed he remembered me as a person."*
>
> *"They make you feel accepted. I never felt judged, just supported."*
>
> *"They actually care. You can feel it. They take their time with you."*
>
> *"They teach in a way that sticks. They know what they are talking about, and it shows."*

Personalized, empathetic support was consistently highlighted as a core aspect of effective treatment. Clients valued feeling understood on a personal level.

They reported developing meaningful relationships with their counselors, feeling welcomed, unjudged, supported, and in the hands of experts. They especially appreciate having counselors who have shared their experiences with addictions.

SCIENTIFIC AND COGNITIVE UNDERSTANDING OF ADDICTION

Many clients found that learning about the biological and psychological mechanisms of addiction was transformational. Clients appreciated insights into how gambling affects the brain. This scientific understanding helped them reframe their experience of addiction, making it easier to view it as a manageable disorder rather than a moral failing.

A selection of quotations illustrating this idea is presented below:

> *"Learning the biological side of gambling helped me understand what was happening in my brain instead of thinking something was wrong with me."*
>
> *"When they explained how the brain reacts to gambling, it finally clicked. I could see why I kept chasing it."*
>
> *"The science part helped the most. Once I understood the brain chemistry, I could see it as something I could manage."*
>
> *"They taught us how casinos design things to hook your brain. That helped me see the patterns in my own behavior."*

This understanding was often described as foundational to their recovery process. Participants expressed that having this knowledge helped them understand their own behaviors and reduced the shame and stigma they felt as a result of their gambling problem. They found it empowering to help them reduce or quit their gambling.

SKILL BUIDLING AND PRACTICAL TOOLS

Many clients emphasized the benefit of acquiring coping skills and tools for managing triggers and preventing relapse. Clients mentioned specific techniques, such as cognitive behavioral (CBT) approaches, to help regulate their thoughts and behaviors. These tools were often described as essential for daily life outside of therapy sessions.

> *"It opened my eyes to how my thoughts were feeding the addiction. Learning to challenge that has been huge."*
>
> *"They helped me think differently about my reactions and habits. It gave me a new way to look at things."*
>
> *"They taught me how to spot my triggers and what to do when they show up."*
>
> *"Having clear steps to follow when I am triggered has helped me stay on track."*

The simple, actionable guidance from their counselors gave clients a roadmap for responding to high-risk situations, empowering them to make healthier choices. For many, these tools didn't just help in moments of crisis—they fundamentally reshaped their perspectives, fostering resilience and a deeper sense of control in their lives.

ACCOUNTABILITY AND STRUCTURE

A structured program with regular check-ins, group meetings, homework, and a reliable routine helped clients stay on track. This structure, combined with accountability to counselors and peers, helped reinforce their commitment to recovery.

These quotes illustrate their feelings about the program structure:

> *"Checking in every week keeps me accountable. It helps me figure out what I struggled with and what I need to work on."*
>
> *"Being around people who are fighting the same battle keeps me honest with myself."*
>
> *"Having a set routine kept me grounded. It gave me something steady to rely on while I worked on myself."*
>
> *"The regular meetings helped me stay focused. It kept me from drifting back into old habits."*

Many clients described the routine and reliability of these elements as essential, not only for staying on track but also for deepening their commitment to change.

ACCESSIBILITY AND CONTINUITY OF CARE

The availability of counselors, especially during crises or moments of heightened need, was viewed as an essential part of the treatment. Being able to contact a counselor or attend a session when experiencing intense urges was highlighted as a significant aspect of effective treatment, as illustrated here:.

> *""When I was at my lowest, they were there. I could walk in and get help right away."*
>
> *"If I was struggling, I could call and they would get back to me. That meant everything in those moments."."*
>
> *"Even after finishing, I knew I could still call them. That continuity helped me stay steady."*
>
> *"Just knowing they are there when I need them gives me peace of mind."*

The availability of counselors or sessions when needed reinforced trust in the program and allowed clients to receive support during high-risk times.

TREATMENT EFFECTIVENESS

Participants' ratings of access to and the quality of their treatment services provide indirect indicators of treatment effectiveness, but more direct measures of treatment effectiveness come from participants' self-reports of improvement in daily life functioning.

This section highlights reported improvements in key areas of life among problem gambling treatment participants, showing positive outcomes that reflect the effectiveness of the interventions. For individuals seeking help, gambling has severely disrupted various areas, including:

- School or Work Performance: Gambling often leads to absenteeism, reduced productivity, and poor focus, resulting in missed deadlines, job loss, or dropping out.
- Housing Stability: Financial losses can make it difficult to afford housing, leading to debt, eviction, or homelessness.
- Family Relationships: Gambling strains relationships, as secrecy and financial issues lead to broken trust and conflict, sometimes causing separation or divorce.
- Managing Daily Problems: People may neglect responsibilities, which compounds stress and makes routine challenges harder to handle.
- Crisis Management: Gambling may become an escape, worsening already difficult situations.
- Sense of Control: Gambling erodes self-confidence and builds shame, creating a cycle of helplessness.

Participants shared improvements across all areas, with the most progress in handling daily problems, gaining control over their lives, and reducing gambling-related issues. Improvement was lowest in housing and financial situations, which are often harder to impact directly through treatment due to external influences. Financial recovery from gambling can be especially challenging and may take years. Many participants expressed a desire for more support in addressing financial issues and meeting basic needs during recovery.

Table 4 below shows the mean scores for items assessing improvements in personal, family, financial, professional, and overall well-being as a result of treatment services. Participants rated their agreement with each positively worded statement on a 5-point Likert scale, from Strongly Agree (5) to Strongly Disagree (1), with higher scores indicating greater agreement.

Table 4. Average Ratings of Treatment Effectiveness

TREATMENT EFFECTIVENESS	**Average Score**		
(Cronbach's α = .911)	*30 day*	*90 day*	*12 month*
12. I deal more effectively with daily problems.	4.52	4.59	4.46
13. I am better able to control my life.	4.43	4.46	4.41
14. I am better able to deal with crisis.	4.42	4.34	4.32
15. I am getting along better with my family.	4.47	4.45	4.38
16. I do better in social situations.	4.26	4.33	4.19
17. I do better in school and/or work.	4.31	4.43	4.32
18. My housing situation has improved.	4.28	4.16	4.25
19. My symptoms are not bothering me as much.	4.10	4.21	4.12
20. My financial situation has improved.	4.24	4.21	4.23
21. I spend less time thinking about gambling.	4.24	4.36	4.36
22. I have reduced my problems related to gambling.	4.24	4.42	4.39
23. I have re-established important relationships in my life.	4.38	4.30	4.15

To assess treatment effectiveness, we analyze self-reported improvements across these life domains at multiple follow-up intervals. This approach allows us to observe whether the benefits of treatment are sustained over time. High ratings at the 30-day point can indicate initial treatment impact, while similar or improved ratings at 90 days and 12 months suggest that the positive changes are being maintained. This assessment method helps us determine if treatment outcomes are lasting and continue to support participants in various areas of their lives.

Figures 6 and 7 below illustrate the percentage of clients who positively rated the effectiveness of their treatment in different areas. The highest levels of improvement are seen in daily problem-solving, control over life, and family relationships, with satisfaction rates around 90% across timeframes. Improvements are also noted in crisis management, social interactions, and work/school performance, with scores above 80% at 12 months.

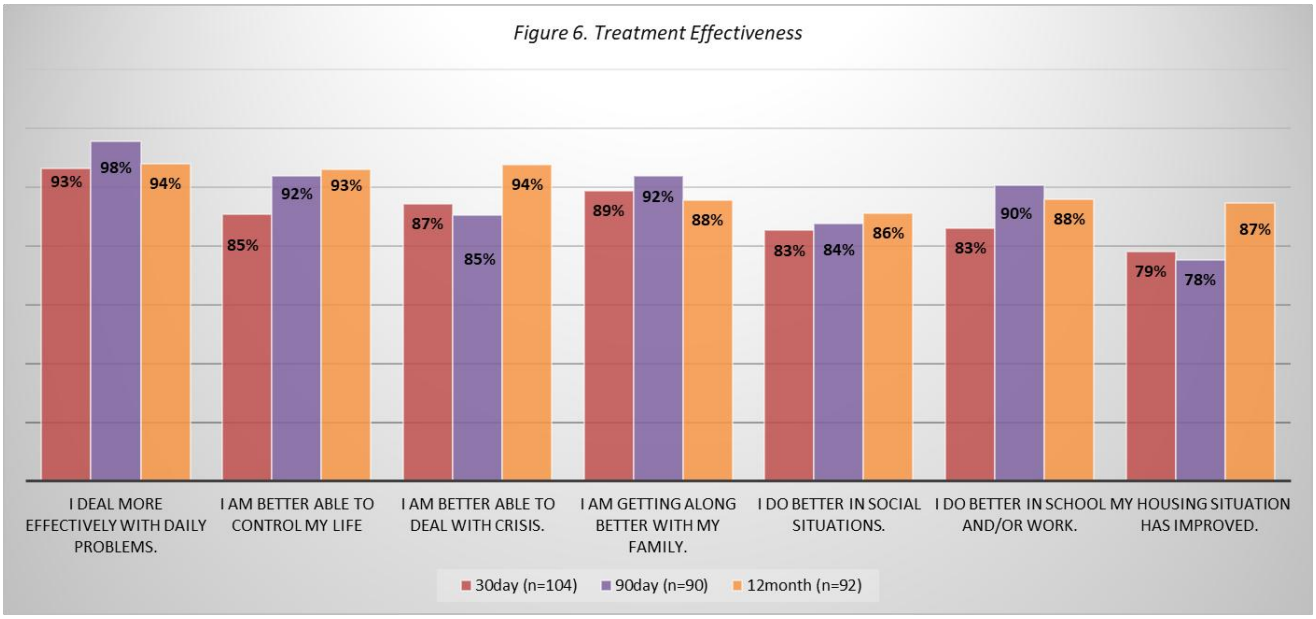
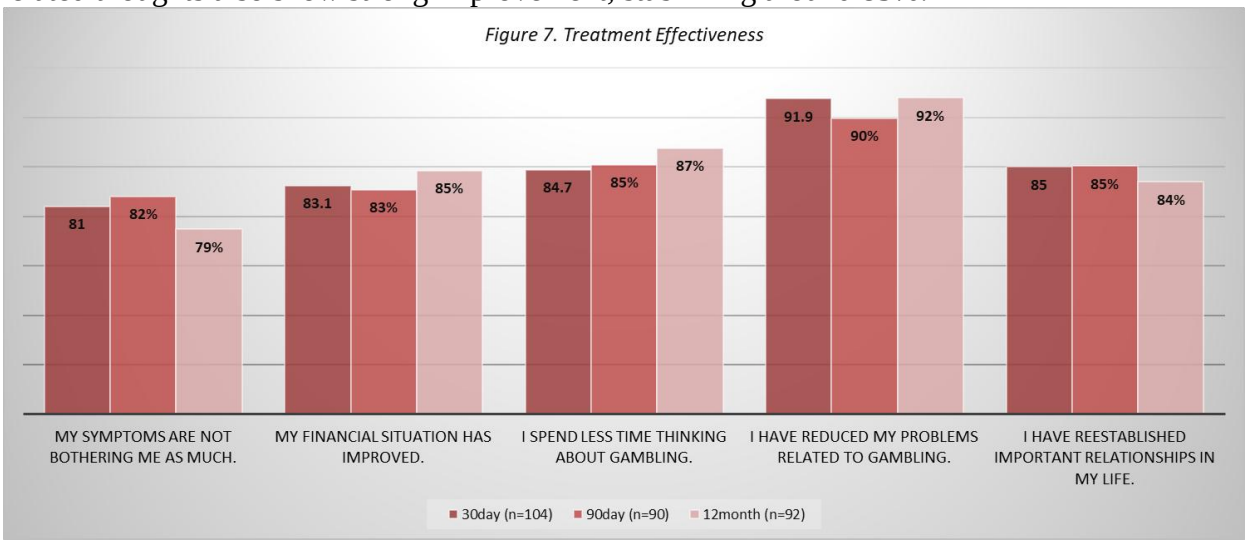


Figure 7 shows particularly high levels of improvement in reducing gambling-related problems and reestablishing relationships, with agreement rates peaking at 90%. Reductions in gambling-related thoughts also show strong improvement, stabilizing around 85%.



However, financial stability has the lowest levels of reported improvement, reflecting the gradual nature of financial recovery, which may require additional support. Overall, these findings underscore the positive impact of treatment on participants' lives, especially in addressing symptoms, reducing gambling behaviors, and rebuilding relationships, though financial support remains a critical need for long-term stability.

Participants described their treatment as both challenging and effective:

> *"I feel like a different person now. I am learning to like myself again."*
>
> *"The program helped me understand who I am and why I made the choices I did."*
>
> *"I'm learning to manage my emotions instead of letting them control me. That has made a big difference."*
>
> *"They taught me to slow down and really notice what I'm feeling before I react."*
>
> *"My relationships with my family are getting better. I'm learning how to communicate differently."*
>
> *"It helped me see how my gambling affected the people around me, and now we are rebuilding trust."*
>
> *"My one-on-one sessions help me work through everyday problems. They get me into the right mindset to deal with urges."*
>
> *"Talking things out with my counselor gives me new ways to cope and keeps me from slipping."*

They consistently spoke about how treatment helped them to become more self-aware and accept themselves, gave them feelings of hope, and gave them tools that helped them reduce their gambling behaviors.

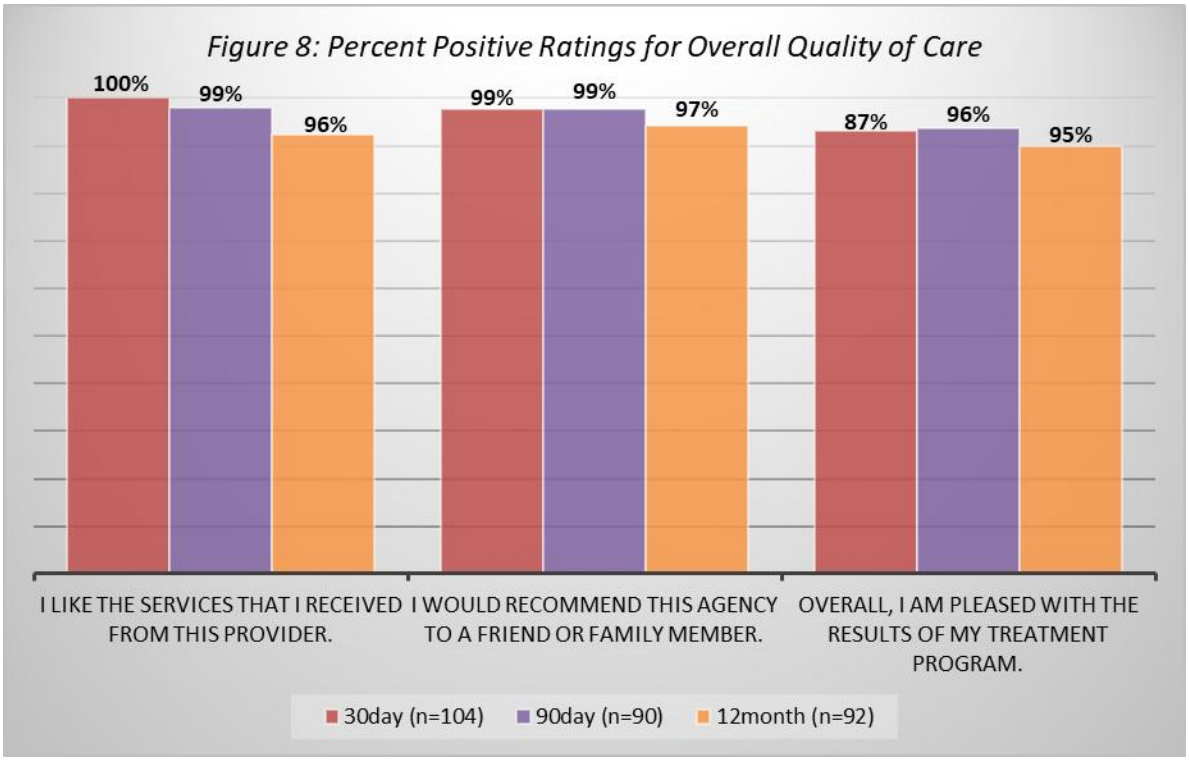
OVERALL QUALITY

The fourth domain of the treatment evaluation assessed participants' perceptions of the overall quality of the program. Table 5 and Figure 8 indicate overwhelmingly positive feedback, with participants expressing high satisfaction with the services received. Notably, recommending the agency to others received the highest endorsements of all questions.

Table 5. Average Ratings of Overall Quality Indicators

OVERALL QUALITY	**Average Score**		
(Cronbach's α = .806)	*30day*	*90 day*	*12 month*
25. I like the services that I received from this service provider.	4.88	4.86	4.75
26. I would recommend this agency to a friend or a family member.	4.89	4.89	4.79
27. Overall, I am pleased with the results of my treatment program.	4.68	4.65	4.60

Figure 8 illustrates the strong level of agreement among participants about their treatment experiences. Over 85% reported liking the services, being willing to recommend the agency, and feeling pleased with their treatment outcomes.



Overall, these ratings indicate that the program is achieving a high level of quality and effectiveness, with clients reporting substantial satisfaction across multiple dimensions of care. This positive feedback provides a solid foundation for ongoing support and development of these programs.

AREAS FOR IMPROVEMENT

Our interviews with clients identified several areas that could be further developed within programs to deliver more effective holistic services and support recovery.

Participants highlighted the importance of community outreach, recommending more advertising to reach others.

> *I never knew this program existed. More people need to hear about it—there are so many who could benefit."*
>
> *"They should put out more information so people know where to turn. A lot of gamblers have no idea this help is available."*
>
> *"I found them by chance. With more outreach, more folks would get help before hitting rock bottom.""*

Participants expressed a need for financial support or counseling to help address the financial consequences of gambling.

> *"Some kind of financial counseling would be helpful. Learning how to manage money again is a big part of recovery."*
>
> *"It would be great if they partnered with organizations that can help people get back on their feet financially."*
>
> *"More guidance around budgeting and rebuilding after debt would really help people stay stable."*

Transportation barriers were a common concern, with some participants mentioning the need for vouchers, passes, or other accessible travel options.

> *"Transportation is tough. Sometimes I couldn't make it because I had no way to get there."*
>
> *"Bus passes help a lot, but they are not always easy to get. Extra support with rides would make a big difference."*
>
> *"Getting across town is hard without a car. More help with transportation would keep people engaged."*

A few participants felt that family and childcare support would make attending sessions easier, especially for those with young children.

> "*"Childcare would make it easier for parents to come. A lot of us have kids and no one to watch them."*
>
> *"It would help if families could be more involved or have their own support services."*
>
> *"Having a space for kids or some kind of family option would open the door for more people to participate."*

Overall, these insights reveal opportunities to expand and adapt program offerings to address client needs comprehensively. By integrating solutions such as broader outreach, financial assistance, accessible transportation, and family support, programs can more effectively remove barriers to recovery and foster long-term engagement.

IMPACT OF SERVICES ON GAMBLING BEHAVIORS

We also asked participants a series of questions related to their prior and current gambling behaviors. These findings, alongside Pearson correlation coefficients, highlight the relationship between treatment ratings and improvements in gambling behaviors.

GAMBLING BEHAVIORS

Treatment services have shown a strong impact on gambling reduction, with over 96% of participants reporting a decrease in gambling since their peak gambling period. Initial abstinence rates were highest 30 days post-enrollment, with 56% of participants not gambling. This dropped to 52% at 90 days and 49% at 12 months. Although some experienced "slips," the majority resumed recovery efforts effectively.

Most participants aimed for complete abstinence rather than controlled gambling, and only a small percentage were not meeting their goals: 3% at 30 days, rising to 11% at 12 months. Common gambling activities for those who returned to gambling included slot machines and video poker.

These results suggest that treatment is effective in the short term, but the challenge of maintaining long-term abstinence may require additional support, as shown by the increase in gambling at the 12-month mark. Table 6 details these behaviors and indicates statistically significant differences ($p<.001$) across time intervals.

Table 6. Current Gambling Behaviors

Which of the following statements best characterizes your gambling since enrolling in the program….	**% "Yes"**		
	30 day	*90 day*	*12 month*
28. … I have not gambled since enrolling into the program.	56%	52%	49%
29. … I had one "slip" where I gambled, then got back on my recovery program.	11%	10%	9%
30. … I've had several "slips" since enrolling in the program and am back on track.	20%	25%	22%
31. … My goal is controlled gambling, and I am gambling and meeting my goal to gamble without problems.	10%	5%	10%
32. … I am not meeting my goal to stop or control my gambling.	3%	8%	11%
33. Thinking back to the period of time when you gambled most heavily, have you reduced your gambling since this time?	97%	96%	96%

These reductions in gambling behaviors show the strength of a program's impact but also reveals areas for potential improvement.

1. **Early Abstinence Success**: The high percentage of participants abstaining from gambling in the first 30 and 90 days (56% and 52%, respectively) underscores an initial success in helping individuals quit gambling. This early achievement suggests that program components focused on immediate cessation, such as counseling and support groups, are effective in instilling a strong foundation for recovery.
2. **Long-Term Abstinence Challenges**: The decline in abstinence to 49% at the 12-month mark highlights the challenges of maintaining long-term recovery. This drop may suggest that as time progresses, participants could benefit from additional support, such as aftercare programs, booster sessions, or peer support networks, to help sustain abstinence.
3. **Managing Lapses and "Slips"**: The stable percentage of participants experiencing a single or several slips suggests that programs are effectively addressing the realities of relapse, helping people get back on track quickly. Participants who report lapses but continue their recovery show resilience, which may be attributed to the coping strategies taught within the program. However, the increase in multiple slips at 12 months (22%) indicates that the program might consider enhancing relapse prevention strategies for those struggling with sustained abstinence.
4. **Support for Controlled Gambling Goals**: The small yet consistent group achieving controlled gambling (5-10%) suggests that the program is beneficial for individuals aiming to manage, rather than abstain from, gambling. This flexibility may reflect positively on a program's adaptability in addressing different recovery goals.
5. **Addressing Persistent Struggles**: For those not meeting their gambling control or cessation goals (3% at 30 days, rising to 11% by 12 months), additional interventions might be necessary. The rise in this group over time suggests that certain participants may require alternative approaches or more intensive support to achieve lasting behavioral change.
6. **Overall Reduction in Gambling**: With over 95% of participants reporting reduced gambling relative to their peak, these programs are positively impacting gambling-related harms, even for those who experience occasional slips.

The programs are successful in reducing gambling behavior for most participants, particularly in the short term, and in supporting various recovery goals. However, these interviews also highlight the need for ongoing support and potentially expanded resources to address the difficulties some participants face with long-term abstinence and goal attainment.

CORRELATIONS BETWEEN TREATMENT OUTCOMES AND TREATMENT SATISFACTION

Table 7 (on the next page) presents statistically significant correlations between reductions in gambling behaviors and participants' evaluations of treatment services, with shaded boxes highlighting the strongest correlations.

The analysis reveals moderate to strong positive correlations between high evaluations of treatment services and improvements in gambling-related behaviors: participants who report fewer gambling-related problems, less time thinking about gambling, progress in meeting gambling goals, and reduced symptom impact also tend to rate their treatment services highly.

Research consistently links[7] positive treatment evaluations with improved outcomes, especially in gambling disorder treatment. Participants who feel satisfied with their treatment services are more likely to report measurable improvements in behavior and well-being. Key factors contributing to this link include:

1. **Therapeutic Alliance**: feeling supported and understood boosts treatment satisfaction and commitment to recovery, enhancing outcomes.
2. **Increased Motivation and Engagement**: Satisfied participants are more motivated and engaged, which promotes adherence to recovery strategies and sustained change
3. **Perception of Progress**: Positive evaluations often reflect a participant's sense of progress, which reinforces commitment to treatment and strengthens ongoing effort .
4. **Reduced Stigma and Increased Confidence**: Satisfying treatment experiences reduce the stigma of seeking help, building confidence and promoting openness to challenges, leading to improved outcomes .
5. **Reinforcement of Positive Changes**: Programs with high satisfaction ratings often reinforce positive behaviors, helping participants adopt healthier coping strategies that are likely to last.

Monnat et al. (2014), shows that treatment satisfaction is associated with reduced gambling frequency, fewer gambling-related problems, improved mental health, and enhanced quality of life. This evidence highlights the importance of individualized care, empathetic support, and accessible resources in achieving positive outcomes.

[7] Monnat, S.M., Bernhard, B., Abarbanel, B.L.L. et al. Exploring the Relationship Between Treatment Satisfaction, Perceived Improvements in Functioning and Well-Being and Gambling Harm Reduction Among Clients of Pathological Gambling Treatment Programs. Community Ment Health J 50, 688–696 (2014). https://doi.org/10.1007/s10597-013-9635-1

Table 7. Correlations between Reduction in Gambling Behaviors and Evaluation of Treatment Services

	I spend less time thinking about gambling	**I have reduced problems related to gambling**	**My symptoms are not bothering me as much**	**Currently meeting my goals to stop/ control my gambling**
Overall, I am pleased with the results of my treatment program.	.523***	.598***	.536***	.321***
I like the services that I received from this service provider.	.372**	.404**	.356***	.290**
I would recommend this agency to a friend or a family member.	.285**	.249**	.244***	.152*
Family counseling has been helpful.	.301**		.249*	
My aftercare plan has been helpful.	.351**	.484**	.389**	.311**
Individual counseling has been helpful.	.371**	.392**	.347**	.284**
Group counseling has been helpful.	.340**	.308**	.272**	.244**

*Note: ***significant correlation at the p<.001 level; **at the p<.01 level; *at the p<.05 level. Positive correlations indicate that ratings of services and level of agreement with statements about improvement in gambling behavior increase together. Dark gray shaded cells indicate a moderate to strong correlation; unshaded cells indicate a weak strength correlation. Blank cells indicate correlation was not significant or very weak.*

The strongest improvements are associated with overall treatment satisfaction, family and aftercare involvement, and a good relationship with the provider. These results suggest that a well-rounded approach—including counseling, aftercare, and family support—is positively associated with improvements in gambling behavior and symptoms, with aftercare and family counseling showing particularly high correlations with symptom reduction and sustained recovery.

INVOLVEMENT IN SELF-HELP GROUPS

Several of the treatment programs encourage or require clients to participate in community support groups. These groups can provide support for long term recovery after a client has left the gambling treatment program, and/or provide complementary support in the community during treatment.

Community support groups, such as Gamblers Anonymous (GA), GamAnon, Celebrate Recovery, and Smart Recovery, play a valuable role in long-term recovery by offering individuals ongoing support and connection with others who understand their experiences. For clients in gambling treatment programs, these groups offer an accessible way to build a recovery network outside the clinical setting, often reinforcing treatment gains and providing a safety net during moments of vulnerability. Each group has its unique approach: GA and GamAnon use a 12-step model focused on abstinence and peer accountability; Celebrate Recovery integrates faith-based principles, and Smart Recovery emphasizes science-based techniques and self-empowerment. By participating in these community groups, clients can find the type of support that best aligns with their values and needs, helping to sustain their recovery over time.

Table 8 (below) shows how strongly participants felt encouraged to use community support groups group and whether they actually attended during their treatment program. Items were categorized on a 5-item Likert scale from Strongly Agree (5) to Strongly Disagree (1), with higher scores indicating greater agreement. While most participants felt encouraged to use community support groups, fewer reported actually attending these groups during their treatment.

Table 8. Involvement in Community Support Groups

COMMUNITY SUPPORT USE DURING TREATMENT	**Average Scores**
(Cronbach's α = .397)	
33. During my treatment program, I *have been encouraged* to use Gamblers Anonymous and/or GamAnon or another community support group on a regular basis.	4.77
34. During my treatment program, I *have attended* Gamblers Anonymous, etc. on a regular basis.	3.91

Note: Items 33-34 are only asked on the 30 day questionnaire.

Table 9 (below) reports current attendance at community support groups. Approximately 40% of participants regularly attend a community support group, with most choosing Gamblers Anonymous (GA). Over 90% of those who had attended GA reported finding it helpful for their recovery, though this high endorsement does not always translate into consistent attendance. A small percentage of participants attend other types of community support groups, which they also generally find beneficial.

Table 9. Current Attendance and Evaluation of Community Support Groups

COMMUNITY SUPPORT USE AFTER TREATMENT	**% "Yes"**		
	30 day	*90 day*	*12 month*
35. Do you currently attend Gamblers Anonymous meetings?	60%	49%	39%
36. Have you found these meetings to be helpful?	88%	81%	98%
37. Do you currently attend any other types of community peer support meetings?	34%	33%	28%
38. Have you found these other meetings to be helpful?	94%	100%	94%

While participants indicated substantial benefits from attending community support groups, they also expressed mixed feelings. Some view GA as a valuable complement to professional problem gambling treatment, while others have a strong aversion to GA and 12-step programs.

Comments about alternative community support groups were rare, with participants often saying they had "heard about" them but had not participated. Overall, GA is the most commonly used support group among Nevada's gambling treatment clients.

Participants generally see community support groups as complementary to their treatment programs, but note that these groups alone were not enough to help them fully address their gambling issues. Those who positively endorse community support groups see them as an added value, not as a replacement for clinical treatment. Those critical of GA cite its spiritual orientation, loose structure, and occasional unwelcoming cliques as drawbacks. Those who feel comfortable and welcomed in GA find it to be a useful recovery tool.

> *"GA helps, but the program gives me the tools I need. Together they work better than either one alone."*
>
> *"GA is good support, but it is not the same as the professional help I get in the program."*
>
> *"GA was helpful, but the religious part made me uncomfortable. I wanted something more focused on the psychology of addiction."*
>
> *"The prayer at the end felt awkward for me. I prefer the analytical approach the program uses."*
>
> *"It's helpful for some people, but I needed something more structured to deal with my gambling."*

These findings suggest that clinics should regularly check in with clients who are participating in community support groups to ensure they are benefiting from that support. If clients find that their chosen group is not a good fit, clinics can assist them in exploring alternative options that may better support their recovery journey.

LIMITATIONS

As with any evaluation, there are limitations to consider. The limitations below outline the factors that shape how findings should be interpreted.

DATA COMPLETENESS AND FOLLOW UP

Not all clients complete every part of intake or respond at 30 days, 90 days, or 12 months. This creates natural gaps in the dataset. People who stay engaged in treatment and respond to follow up may differ from those who do not, which may influence the results. These patterns are common in behavioral health evaluations.

SELF-REPORT INFORMATION

Most measures rely on self-reported information. Clients describe their gambling behavior, financial strain, mental health symptoms, and recovery experiences. Self-report data offer important insight but can reflect recall challenges rt levels when discussing sensitive issues.

VARIATION ACROSS PROGRAMS

Outpatient and residential programs differ in staffing levels, caseloads, treatment approaches, and internal workflows. These differences influence the consistency of data collection and service delivery. Statewide patterns sit within this variation across programs.

DIFFERENT DEFINITIONS OF PROGRESS AND RECOVERY

Clients begin treatment with different goals and levels of harm. What counts as meaningful progress varies by individual and by service type. Residential programs focus on stabilization and intensive support. Outpatient programs support long-term behavior change in daily life. Measures such as reduced gambling or improved coping do not capture every form of progress.

SHIFTS IN PROVIDER AVAILABILITY

This fiscal year included major changes in the provider network. One residential program closed partway through the year. Another did not serve clients during this period. One outpatient provider in Reno also stopped serving clients after the first quarter. These changes influenced statewide enrollment and the mix of clients in treatment.

MISSING OR INCOMPLETE FIELDS

Some records contain missing dates, incomplete demographic information, or gaps in service documentation. These gaps occur for many reasons, including client preference, staff workload, and the flow of clinical work. These patterns are normal in behavioral health datasets and do not limit the overall findings, but they do shape what types of analyses are possible and may change percentages when the number of completed fields varies.

ADMINISTRATIVE DATA CONSIDERATIONS

The evaluation uses information that programs collect while they focus on direct care. Clinics balance client needs, clinical responsibilities, and the time required for documentation. The data system supports treatment first, so it reflects what programs can gather during routine care without placing added burden on clinicians or clients. The evaluation reflects the strengths and limits of data collected in a real clinical environment.

CONCLUSION

Nevada's problem gambling treatment system continues to provide strong, reliable support to people seeking help for gambling harm. Clients enter treatment with severe gambling problems, significant financial strain, unstable housing, legal issues, and high levels of emotional distress. Many also face co-occurring substance use and behavioral health challenges. Despite these difficulties, clients report meaningful gains in stability, daily functioning, and overall well-being after engaging in services.

Treatment providers offer accessible care, respond quickly when clients reach out, and create supportive environments that allow clients to rebuild their lives. Clients consistently highlight the value of group counseling, individual counseling, and the strong relationships they form with their counselors and peers. These elements help clients understand their behavior, manage urges, reconnect with their families, and develop practical tools for long-term recovery.

Outpatient programs continue to support most Nevadans who seek help, and the integration program creates important new pathways for identifying gambling problems in substance use treatment settings. Crisis support remains a critical entry point for people who need immediate assistance. The loss of a residential provider underscores the importance of stable treatment capacity and ongoing investment in the system, especially for people with the highest levels of instability.

The statewide data show clear improvements in gambling behavior across all follow up periods. Most clients reduce their gambling, and many stop gambling entirely. They also describe improvements in relationships, work and school functioning, and their ability to manage daily stress. Financial recovery occurs more slowly, and many clients express a need for more support in this area.

The FY2025 results show a treatment system that continues to serve people with care, skill, and urgency. Nevada's programs play a vital role in reducing gambling-related harm, improving quality of life, and supporting long-term recovery for individuals and families throughout the state. If you want, I can also add a short closing paragraph about future priorities or system needs.

APPENDIX A: DATA COLLECTION PROCEDURES

The data provided in this report represents clients who have received treatment or enrolled in one of four state-funded problem gambling treatment programs in fiscal year 2025. Demographic, gambling, and diagnostic data were collected during the intake process through a questionnaire administered by the clinician with the client present. Billing and services data were entered in the UNLV system monthly by the clinics. Treatment evaluation data were collected through confidential follow-up interviews with clients after they enrolled in treatment. Our methodological processes were approved by UNLV's Human Subjects Committee (protocol 711298-6). This list details our data collection processes:

- Clients seeking services enter clinic. During this time, the clinician completes the intake process, and then enters the data into UNLV's database.
- For each client, each month, clinics enter the number of contact hours, the type of service they provided, who provided the service and what their role is, and the amount billed.
- After completion of services or 60 days of no-contact with client, the clinician discharges the client from the UNLV database system and designates the reason for discharge.
- All clinics receiving funding from the state were asked to inform clients of this study during intake interviews and ask for their consent to be contacted for the follow up interviews and contact information. The individual clinics were responsible for obtaining signatures on consent forms from all clients agreeing to participate in confidential follow-up interviews.
    - Research assistants from UNLV-IGI then attempted to contact every client a minimum of four times to conduct computer-assisted telephone interviews (at varying times of day and weekdays/weekends). If clients did not answer, generic, non-identifying messages were left indicating that they were being contacted for a compensated UNLV study, and that they could contact our office to let us know the best time to contact them. When attempting to locate a client without a valid phone number, IGI sought updated contact information from the clinic where the client received treatment.
    - All clients who completed interviews were compensated with a $25 Amazon giftcard.
    - All participants were read an informed consent statement describing the objectives of this research, informing them of their rights as a participant (including the right to refuse to participate), and detailing the strict confidentiality procedures of the research. Throughout the interview, clients were repeatedly reassured that their names would never be associated with their answers.
    - All participants then verbally consented to participate.
    - Clients were contacted at three different time points in their recovery process. The initial interview is conducted 30 days after completing an intake at a clinic. The second interview is conducted 90 days after intake, and the final interview is conducted 12 months after intake.

We conducted a total of 286 follow-up interviews with gambling clients at 5 different gambling treatment programs: Bristlecone Family Resources (4), Hope Medical Center (1), Dr. Robert

Hunter International Problem Gambling Center in Las Vegas (224), New Frontier Treatment Center (5), and Mental Health Counseling and Consulting (MHCC) (52).

The completed interviews (*n*) associated with the clinics varied widely, with some clinics represented by significantly fewer completed interviews. This variation occurs partly due to difference in size of the agencies, but also the overall characteristics of the client base at each clinic varies widely, in ways that may affect clients' participation in treatment to address problems related to their gambling. Some providers serve a client base with additional challenges, such as greater engagement with the criminal justice system, who are also receiving other mental health or addiction services, and/or clients who are homeless or at high risk for homelessness.

These challenges impact our ability to contact clients for interviews about their experiences in treatment as well. Our biggest research challenge is locating clients post-treatment; phone numbers are out of service or clients simply do not return calls. Predictably, we observe the most success contacting clients for the 30 day interview (104), followed by the 90 day interview (90), and the least success at the 12 month interview point (92).

The tables and figures in the treatment evaluation portion of this report summarize the follow up interviews using ratings of items from the Mental Health Statistics Improvement Program (MHSIP) questionnaire, as well as additional questions specific to problem gambling. The first section presents data from all the clinics and is organized by time of interview (30 day, 90 day, and 12 month). To facilitate interpretation, we have broken the items down into four broad categories: access to treatment services (α=*.454*)[8], treatment quality and helpfulness (α=*.837*), treatment effectiveness (α=*.911*), and overall ratings of treatment services (α=*.806*). During the interviews, participants were asked to rate their level of agreement with various statements on a five-point Likert scale ranging from Strongly Disagree (1) to Strongly Agree (5). Scores closest to 5 indicate the strongest level of agreement. We also asked about current gambling behaviors (as of time of interview) and engagement with community based support groups.

Finally, we asked participants open-ended questions about the quality of their treatment services. These questions were as follows:

- What was the most helpful part of the program for you?
- What was the least helpful part of the program for you?
- Were there any services that were not provided by the problem gambling treatment program that you would have liked to see provided?
- Finally, we asked participants if they would like to share any additional elements of their "story" with the research team.

We coded answers using inductive category development.[9] Where appropriate, we elaborate on the quantitative data with quotations from participants to give a human voice to their experiences in treatment. [10]

[8] Cronbach's alpha measures the internal consistency of items in a scale. Numbers approaching 1 indicate high internal consistency. Our measures show high internal consistency, meaning that we are confident that we are measuring what we intend to measure.

[9] Categories are developed based on frequency and significance, through a continuous process of coding and interpretation.

[10] The quotations throughout this report represent statements from participants engaging in treatment at all programs.

APPENDIX B: RELATED RESEARCH AND DATA COLLECTION

This section describes several related research and data collection activities focused on gambling behaviors, emerging trends, population needs, and access to care in Nevada. These efforts help fill gaps in statewide information and offer insight that supports planning, prevention, and program improvement. Detailed reports will be available on the DPBH Problem Gambling Services website.

GAMBLING BEHAVIORS, PERCEPTIONS, AND RISKS AMONG NEVADA ADULTS

A statewide panel survey that was designed to give a clear, statewide picture of how adults in Nevada gamble, how they think about gambling, and how many experience signs of harm. Nevada's gambling environment is distinct, and having reliable population-level data helps identify current patterns, understand emerging concerns, and support planning, prevention, and treatment efforts.

The University of Nevada, Las Vegas partnered with NORC at the University of Chicago to conduct a representative survey of Nevada residents aged 21 and older. NORC used its AmeriSpeak probability-based panel, along with address-based sampling and a calibrated nonprobability sample, to reach a diverse group of participants. The survey was administered through online and telephone interviews. It covered gambling participation, types of gambling played, motivations, gambling frequency, experiences of harm measured through the Problem Gambling Severity Index (PGSI), attitudes and beliefs about gambling, trust in information sources, concerns about others' gambling, and experiences with other potentially addictive behaviors.

Gambling was common across the state. Nearly two-thirds of adults reported gambling in the past year. Most did not report harm, but a notable share scored in the moderate- to high-risk range on the PGSI. Motivations varied widely: many gambled for entertainment or to socialize, while others reported patterns related to higher risk, such as gambling to win money or manage stress. Nevadans gambled in many settings, including local casinos, the Strip, neighborhood slot parlors, bars, convenience stores, and online. Some locations, particularly slot parlors and bars, were linked with higher average PGSI scores.

Gambling-related harm extended beyond the gambler. Many respondents said they had worried about someone else's gambling or had been affected by a friend, family member, or coworker's behavior. Misconceptions about gambling odds were common, and agreement with these beliefs increased as PGSI scores increased. Younger adults and those with lower levels of education tended to report higher risk scores, while older adults reported the lowest levels of harm.
Public attitudes showed strong support for efforts that reduce gambling-related harm. A large majority agreed that Nevada should be a leader in addressing these issues. Many supported voluntary self-exclusion, stronger safeguards, and greater contributions from gambling operators toward prevention and treatment. Respondents expressed high trust in mental health and medical professionals for information about problem gambling, even though most said they would first look online when seeking help.

Overall, the study provides a broad and detailed look at gambling in Nevada. It identifies populations and settings where risk is elevated, highlights common beliefs and behaviors, and offers insight into how Nevadans understand gambling harm and where they believe solutions should come from.

GAMBLING AND HEALTH BEHAVIORS AMONG NEVADA ADULTS

The Behavioral Risk Factor Surveillance System (BRFSS) is a long-running public health survey that collects information from adults in every state. It uses random-digit dialing to reach people through landlines and cell phones. The survey weights the data so the results reflect the demographics of each state. Public health agencies use BRFSS to track issues such as chronic disease, alcohol use, smoking, mental health, and other health behaviors. Nevada added gambling items so the state could see how gambling fits into the larger health picture.

In 2021 and 2022, Nevada included ten gambling questions. These questions asked adults whether they gambled, how gambling affected them, and whether they had worried about someone else's gambling. The survey also asked about awareness of state-funded help for individuals and families. BRFSS included the NODS-CLiP as well. This tool identifies early signs of risk, including loss of control, lying about gambling, and spending long periods thinking about gambling.

BRFSS usually provides a strong statewide dataset. The gambling questions did not work as intended. Only part of the sample received the items. The routing skipped people who should have received the questions, and it sent some people through the questions out of order. Several questions produced unusual response patterns. These problems reduced the size of the usable sample. The data still show broad patterns, but they do not support detailed analysis or the level of subgroup insight the state originally hoped for. Readers should treat the results as early signals that can guide future work, not as precise estimates.

Even with these limitations, the BRFSS findings add to the statewide picture. A substantial share of respondents reported gambling. Gambling was more common among men. It was also more common among adults who live in Clark County. Gamblers were more aware of state-funded help services than non-gamblers. Many people still said they did not know these services existed.

Gambling affected more than the gambler. Many respondents said they had been harmed by someone else's gambling. Others said they had worried about a family member or friend. These patterns show that gambling harm often spreads into households and communities.

The NODS-CLiP results show that most gamblers had no signs of harm. A consistent minority reported at least one indicator. About one in five gamblers tried to cut down on their gambling, lied about losses, or spent long periods thinking about gambling. A small share met the highest level of risk. The steady presence of people with at least one indicator points to a need for early support and outreach.

Public views on the importance of state-funded harm reduction were mixed. Many adults rated these efforts as "not important." Gamblers saw these efforts as slightly more important than non-

gamblers. This pattern suggests that many residents do not recognize gambling as a health concern even though gambling is common and harm reaches beyond the gambler.

Overall, the BRFSS gambling indicators provide a wide look at gambling and its impact on Nevada adults. The data issues limit fine-grained insight, but the survey still shows clear patterns. Many adults gamble. Some experience early signs of harm. Many feel the effects of someone else's gambling. These findings help identify the groups and conditions that may benefit from more focused prevention and outreach in the future.

UNDERSTANDING GAMBLING AMONG NEVADA'S COLLEGE STUDENTS

The NSHE (Nevada System of Higher Education) student gambling survey provides the first system-wide look at how students across Nevada's public colleges and universities think about gambling, participate in different gambling activities, and experience harm. Nevada students live in a unique environment with sports betting, casinos, and mobile gambling options readily available. A statewide survey helps the higher education system understand how students navigate these opportunities and where risks may be higher.

We invited all NSHE students enrolled in at least one credit to complete an online survey. Students received email invitations and accessed the survey through Qualtrics. More than 4,600 students participated. The sample included students from every NSHE institution, including the universities, the state college, and the community colleges. The survey asked students about sports betting, online gambling, poker, fantasy sports, esports betting, prediction markets, and loot boxes. It also asked about gambling-related harm using the Brief Biosocial Gambling Screen. Students shared their understanding of what counts as gambling, their financial experiences, and their concerns about the gambling of others.

The findings reveal significant gaps in how students understand modern gambling. Many students viewed newer digital activities as something other than gambling. Activities such as cryptocurrency trading, prediction markets, fantasy sports, esports betting, and loot boxes often fell into this category. Students were confident that traditional activities, such as casino gambling and sports betting, counted as gambling. Their views became less clear as gambling moved into digital formats that blend with gaming, finance, or entertainment.

Sports betting played a central role in student gambling. Students who followed sports or who bet during live games were more likely to screen positive on the Brief Biosocial Gambling Screen. While most students did not report harm, a notable share showed at least one sign of risk. The screen identified students who felt restless or irritable when trying to cut back, hid their gambling from others, or needed help with living expenses because of gambling. These patterns point to a group of students who may need outreach or early support.

The results also highlight how gambling affects student life. Many students reported financial strain related to gambling. Some struggled to keep gambling private from family and friends. Students described gambling as a normal part of campus social life, especially among those who watch sports or participate in online gaming communities. These findings paint a picture of a

student population that is deeply connected to sports, digital gaming, and mobile technology, all of which provide easy access to gambling.

Overall, the NSHE student survey shows a clear need for more gambling awareness on campus. Students need straightforward information about what gambling is, how to recognize early signs of harm, and where to find help if they need it. The findings give higher education leaders practical direction. Campuses can use this information to build prevention messages, strengthen health education, and create outreach strategies that match the way students actually gamble and think about gambling today.

GAMBLING HARM & HELP-SEEKING AMONG LATINO RESIDENTS IN LAS VEGAS

The Latino Community Access Study examines how Latino adults in Las Vegas experience gambling harm and how they try to seek help when gambling begins to create problems in their lives or in their families. Latino residents are an important part of Nevada's population, yet very little statewide information exists about their experiences with gambling or about the barriers they face when they look for support. This study provides the first detailed look at these issues.

The project focuses on in-depth conversations with Latino adults who have experienced gambling harm or who support someone who has. The research team built relationships with community members, local organizations, and trusted leaders so people would feel comfortable sharing their stories. The study relies on interviews because many of the issues people face involve family relationships, cultural expectations, financial pressures, and fears about judgment. These are topics that people rarely discuss in surveys. They need time, care, and trust.

This is a difficult population to reach. Many participants work long or irregular hours. Some worry about privacy. Others feel uncertain about speaking with researchers. For these reasons, the study has required ongoing outreach, repeated conversations, and time spent listening in community settings. Data collection is still in progress.

The interviews show several early patterns. Many participants have little or no awareness of problem gambling services in Nevada. Some believe that gambling problems should stay within the family. Others see gambling as a personal weakness, not a health issue that deserves support. Several participants described embarrassment or fear of being judged if they ask for help. Language barriers also create obstacles. People said they could not find information in Spanish or did not feel confident communicating their concerns in English.

At the same time, participants expressed interest in help when the information feels trustworthy and culturally familiar. They described feeling more comfortable when support comes through Spanish-language materials, community organizations they already know, or staff who understand their cultural backgrounds and daily lives.

The study highlights important gaps in awareness, communication, and access. It also shows strong interest in support when care feels safe and culturally connected. Final results will be

completed once all interviews are finished. These findings will give Nevada a much clearer understanding of how to make help more visible and reachable for Latino residents who experience gambling harm.

STUDENT MINI GRANTS PROGRAM

Developing New Knowledge and Building Nevada's Future Gambling Research Workforce
The student mini grants program supports early career investigators who want to study gambling issues that affect Nevada communities. These projects give students the chance to design their own studies, work with real data, and explore questions that often go unexamined in larger statewide surveys. The program also strengthens Nevada's long-term capacity by training the next generation of researchers, clinicians, and public health professionals who understand the state's unique gambling environment.

Students from Nevada's colleges and universities submit proposals for small, focused projects. These projects include interviews with peers, campus surveys, analyses of sports betting advertising, studies of financial stress, and examinations of online gambling trends. Each project offers a close look at how young adults experience and understand gambling. Students choose topics that reflect issues they see in their own communities, and they collect data that can guide future research and prevention efforts.

The program does more than support student learning. It turns their work into practical tools for the state. Many students present their findings at the annual Nevada State Conference on Problem Gambling, where policymakers, treatment providers, prevention specialists, and community partners learn directly from their results. Their presentations help bridge the gap between academic research and day-to-day practice.

Several students also prepare their work for peer-reviewed publication or present at conferences in their academic fields. These venues include psychology, sociology, public health, and legal conferences. This expands Nevada's visibility in the national conversation on gambling research and highlights the value of student-led inquiry.

The program shows strong promise. Student projects generate new insight into how sports betting, online gambling, and financial pressure shape the lives of young adults in Nevada. Students share their findings with educators, campus wellness teams, and treatment providers. These conversations help inform prevention messaging, early intervention strategies, and campus outreach. The program strengthens Nevada's research pipeline while giving the state practical information that can guide real-world action.

These activities build a foundation for understanding gambling harm in Nevada and show where more work is needed. They highlight emerging risks, unmet needs, and opportunities to improve statewide support. The information gathered through these efforts will continue to shape planning and strengthen the state's approach to reducing gambling-related harm.

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