INTRODUCTION

Vegas Stronger is a nonprofit organization dedicated to reducing homelessness in the Las Vegas community through comprehensive substance use treatment. According to the 2024 Point-in-Time Count, there are 7,906 individuals experiencing homelessness in Southern Nevada, of whom 4,202 are unsheltered (1). Internal assessments conducted by Vegas Stronger indicate that more than 83% of the clients evaluated present with a substance use disorder for the 2025 cohort. At the time of this report, the official 2025 Point-in-Time Count has not yet been published.

Our mission is to provide every individual we serve with treatment that reflects the same level of quality typically available in well-resourced, for-profit treatment institutions located in higher-income communities. To achieve this goal, Vegas Stronger works in partnership with nonprofit organizations and government agencies across the region to secure stable housing for individuals enrolled in treatment. We also collaborate with local medical providers and community partners to coordinate services outside our level of care, ensuring that clients receive comprehensive and continuous support throughout their recovery process.

Since opening in the summer of 2020, Vegas Stronger has served more than 4,500 individuals. In 2021, the organization expanded operations into a renovated treatment facility that includes a boxing gym, salon, gift shop, and dedicated group treatment spaces designed to support both clinical programming and community engagement. In 2025, the organization further expanded its reach with the opening of Reno Stronger and Nevada Stronger in Pahrump. During that same year, Vegas Stronger experienced significant growth, **serving more than 2,000 clients within a single calendar year**.

The present study is conducted to evaluate the effectiveness of the Vegas Stronger **Thirteen Elements Treatment Model** and to identify opportunities for program improvement. Outcome reports are updated twice annually to incorporate additional data from 6-month and 12-month follow-up assessments. As data collection continues, the organization retains the ability to refine the report structure and analyses to reflect improved data quality and expanded outcome tracking.

THIRTEEN ELEMENTS

At Vegas Stronger, we offer more than simply traditional group therapy. Along with our clinical rooms, our facility hosts a boxing gym, coffee shop, bookstore, bicycle ministry, salon, and a yoga room. We believe in an integrated, evidence-based model of treatment, as we know treating the whole person is necessary to cure the disease of addiction. Our tenets of treatment are described in our "13 Elements"- the principles we believe are essential to recovery.

Counseling and Psychiatric Treatment

Vegas Stronger currently offers four modes of group treatment of Level I and Level II services: Outpatient Program (OP), Partial Hospitalization Program (PHP), Mental Health, and Intensive Outpatient Program (IOP). All our programs are designed for clients who do not require medical detox or around-the-clock supervision. Our clients are assigned to groups based on the severity of their diagnosis. Clients in our PHP program meet in groups for twenty hours per week (five times a week); clients in our IOP program meet for nine hours (three group sessions per week); our OP clients only meet for one hour a week. All our clients receive individual sessions no matter which group they are in. Clients in our mental health group work with a clinician for nine hours a week (three group sessions per week); this program is designed for those suffering from clinically diagnosed mental health issues as well as substance abuse. Most of our clients are currently enrolled in our IOP program. Based on clinician direction, clients usually complete the program after three-to-six months of group attendance and participation. Outside of group counseling, IOP groups typically provide individual counseling, psychoeducational programming, the monitoring of drug and alcohol use, case management, medical treatment, and psychotherapy. These are all intended to help the client learn relapse management and prevention, develop coping strategies, and improve well-being. At Vegas Stronger our clinicians utilize Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Contingency Management, Acceptance Commitment Therapy (ACT), Eye Movement Desensitization Reprocessing (EMDR), Rational Emotive Behavioral Therapy (REBT).

Case Management

Research has consistently demonstrated the value of case management as a supportive component of substance use disorder treatment. A recent meta-analysis examining case management interventions for individuals with substance use disorders found that these services significantly improve treatment engagement, service linkage, and retention compared with treatment as usual (Vanderplasschen et al., 2019). The study concluded that case management plays an important role in helping clients access services and remain connected to treatment systems, which ultimately supports recovery outcomes.

At Vegas Stronger, case managers serve as a critical bridge between clients and community resources. They work directly with clients to address barriers that may interfere with recovery, including housing instability, lack of medical care, unemployment, and limited access to social services. Case managers assist clients in securing housing, connecting with primary medical

providers, enrolling in health insurance and other benefits, and obtaining necessities required for stability during treatment. Vegas Stronger currently employs five full-time case workers.

Medication Assisted Treatment

Medication-assisted treatment (MAT) is the use of FDA-approved medications to aid the client in recovery. At Vegas Stronger, we offer naltrexone, buprenorphine, acamprosate and bupropion. MAT treatment is utilized in combination with counseling and behavioral therapies; these can vastly improve the outcomes of our clients. All of the medications we offer are evidence-based treatment options. Primarily, MAT is used for the treatment of addiction to opioids and alcohol. These medications alter brain chemistry while blocking the euphoric effect of substances. Depending on the medication, they can relieve physiological cravings as well. MAT has been shown throughout the literature to sustain and prolong recovery. The use of medications combined with treatment is superior to either used on its own. (American Society of Addiction Medicine) MAT can prolong treatment duration and reduces the likelihood of relapse (Mattick, et. al., 2009). At Vegas Stronger we offer buprenorphine to treat opioid-use disorders and naltrexone to treat both alcohol- and opioid-use disorders. Buprenorphine is a partial agonist - it binds to the body's opioid receptors, partially blocking the euphoric effects of opioids and alleviating withdrawal symptoms. Naltrexone is an antagonist - it covers the body's receptors, blocking the effects of opioids if they are used. We also distribute NARCAN (naloxone) to our clients to prevent opioid overdose by reversing the toxic effects of the overdose.

Drug Testing

At Vegas Stronger we drug test our clients (via urinalysis) randomly at least once a week, based on clinician direction. Drug tests are used throughout our treatment process for a variety of reasons. First, we use drug tests during the client's Biopsychosocial preliminary examination to determine if there are any drugs in the client's system so they can be sent to medical detoxification (if necessary) and determine the appropriate level of care. We realize those suffering from substance-abuse disorders may not be entirely honest when entering our program. They also may be in a state where they do not know or remember which substances they have consumed. It is especially important to know what drugs are in the client's system before prescribing any medication assisted treatment medications, as they may interact with the substances in the client's system, resulting in serious side effects. When these random drug tests will occur is difficult for the client to predict and can prevent relapse while in treatment. They can facilitate a lifestyle free from harmful substances. We currently contract with a medical provider to drug-test our IOP clients at least once a week; as clients "step down" to lower levels of care the drug tests become less frequent.

Primary Medical Care

A majority of our clients do not have access to primary medical care upon admission. As many of them are homeless, they have not seen a physician for a significant period of time. Obtaining primary medical care for our clients while in treatment provides benefits to both the patients and the clinicians. By being healthy, our clients can better focus on recovery and interpret the messages they receive from their clinicians in group. Samet, et. al. (1996) show patients who receive primary medical care while in substance-abuse treatment are less likely to relapse. A

similar study shows patients also have better overall health and provides structure. (Samet, et. al., 2001) Our case managers work with the client's insurance provider (usually Medicaid) to find a primary care physician for all those without.

Housing

Stable housing is perhaps the most important part of recovery. Having a roof over your head each night provides structure and can make the recovery process easier, and alleviates the need to "cope" with alcohol or drugs. (Johnson, 2007) Sinha (2018) notes the stress of not having housing can increase the likelihood of relapse. Vegas Stronger works with community providers (both NGO's and government agencies) to provide housing for all our clients within one week of admittance. As our program is contingency-based, we only provide housing to patients enrolled at Vegas Stronger.

Spirituality

The role of spirituality is helpful in aiding recovery from substance-use disorders. Per Lyons, et. al.,(2010), 82% of patients who focused on their spirituality were substance-free at the twelve-month mark, versus 55% of those who did not. Grim and Grim (2019), in a meta-analysis, cite 84% of studies show belief in a higher power promotes relapse and prevention. Spirituality has been shown to help clients find renewed purpose, promote accountability, connect them with something outside themselves, increase compassion and humility, and promote greater mindfulness. (n.d.)

Peer Recovery Coaching

Peer recovery support is the giving of non-clinical assistance to support clients in recovery. Relatively new to treatment programs, this support now plays an important role in a holistic treatment program. Peer recovery coaches have attained long-term sobriety and are professionally licensed. Peer recovery specialists also help clients accumulate the resources necessary to maintain recovery. (Best & Laudet, 2010; Coud & Granfield, 2008). White (2009) notes they can help initiate and maintain recovery by enhancing the quality of life of the patient. Vegas Stronger currently employs ten full-time recovery coaches, and will expand this number in 2026.

Recovery Meetings

Donovan, et. al. (2013) synthesize the vast literature regarding the positive relationship between 12-step recovery meetings and long-term sobriety. Participation in AA and NA is associated with a greater likelihood of abstinence (Humphreys, et al., 2004; Krentzman et al., 2010) for up to 16 years (Moos & Moos, 2006). These studies also show mental and emotional functioning. Donovan et al. also cite that regular meeting attendance while in treatment (more so if the meetings are held at the facility location are associated with improved psychological outcomes, and attending meetings at least three times a week results in better substance use outcomes. (Although they do note this may be a result of outside factors of attendance, e.g., service work, step work, or getting a sponsor.) Other studies show that remaining in 12-step groups after completing treatment is beneficial as well (Humphreys & Moos, 2001, 2007). Donovan et al. also cite studies showing a higher level of causality beyond simple correlations. Recent studies using advanced econometrics refute outside influence such as participant quality, level of

motivation, or severity of the clients'substance-use disorder. These analyses provide more evidence that 12-step meetings play a vital role in a treatment program. (Connors, Tonigan, Miller, & Project MATCH Research Group, 2001; Kaskutas, 2009; Krentzman et al., 2010; McKellar, Stewart, & Humphreys, 2003; Weiss et al., 2005) Our clients are encouraged by our clinicians to attend 12-step meetings while in treatment, and we host NA meetings in our facility every day of the week.

Salon Services / Fitness and Yoga / Nutritional Services

Having a negative body image can lead to drug and alcohol abuse. (Specter and Wiss, 2014) A survey of the literature by Smith and Lynch (2012) reveal individuals who engage in regular aerobic exercise are less likely to use and abuse illicit drugs. Exercise reduces the likelihood of relapse through several behavioral and neurobiological consequences of exercise in all phases of recovery. To improve our clients' self-perception and reduce relapse potential, we offer salon and fitness services. Volunteers from the community visit our facility biweekly to provide free salon services to our clients and our gym is available for use six days a week. We employ two trainers on staff to lead boxing and general fitness classes and also offer yoga classes.

Service to Others

One of the more common sayings one may hear at an AA meeting is "You have to give it away to keep it". Service is a tenet of any recovery group. Through service to others, one can remember where they came from and are less likely to return. They are also likely to have higher self-esteem and suffer less from depression.

DATA / RESULTS

Six Month Follow-Up

The present study utilized data from a substance use disorder treatment program, encompassing a total initial sample of 2,613 individuals (N = 2,613) who completed an intake assessment between 2021 to 2025. Of this sample, 226 participants have completed the survey from 2021 to 2025 and 83 participants (n = 83) completed a six-month follow-up survey only in 2025, and were included in the longitudinal analyses. Although the initial dataset included 2,613 individuals, six-month follow-up data were available for 83 participants in 2025 due to the challenges of long-term tracking among highly transient populations experiencing homelessness.

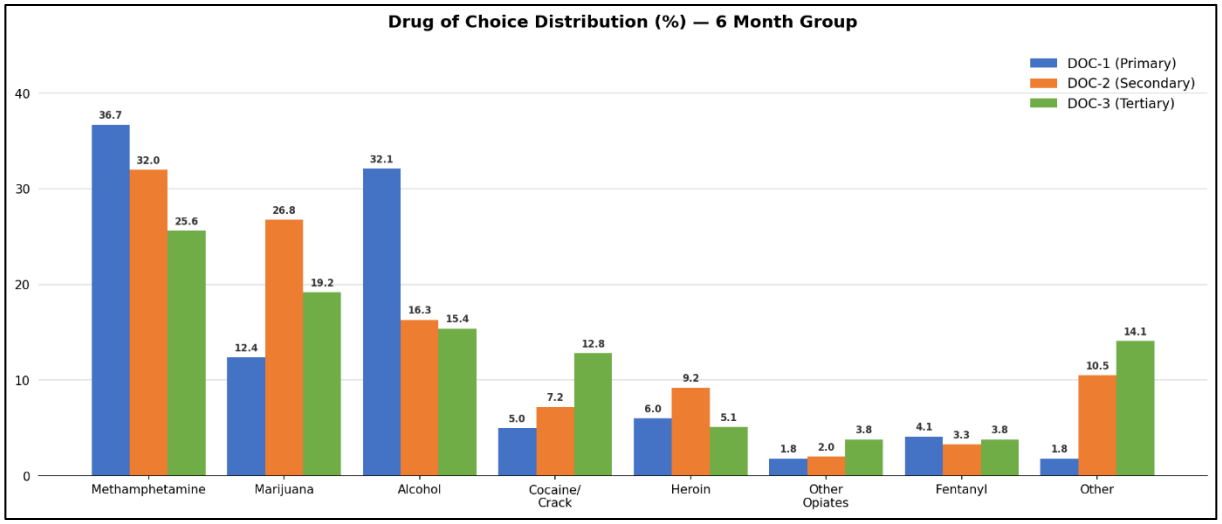
At the initial and follow-up surveys, we collect sobriety via urinalysis testing, employment status, housing status, and well-being using the Rating of Outcome Scale (ROS). The ROS is a widely used, evidence-based tool to determine the mental and emotional state of the interviewee.

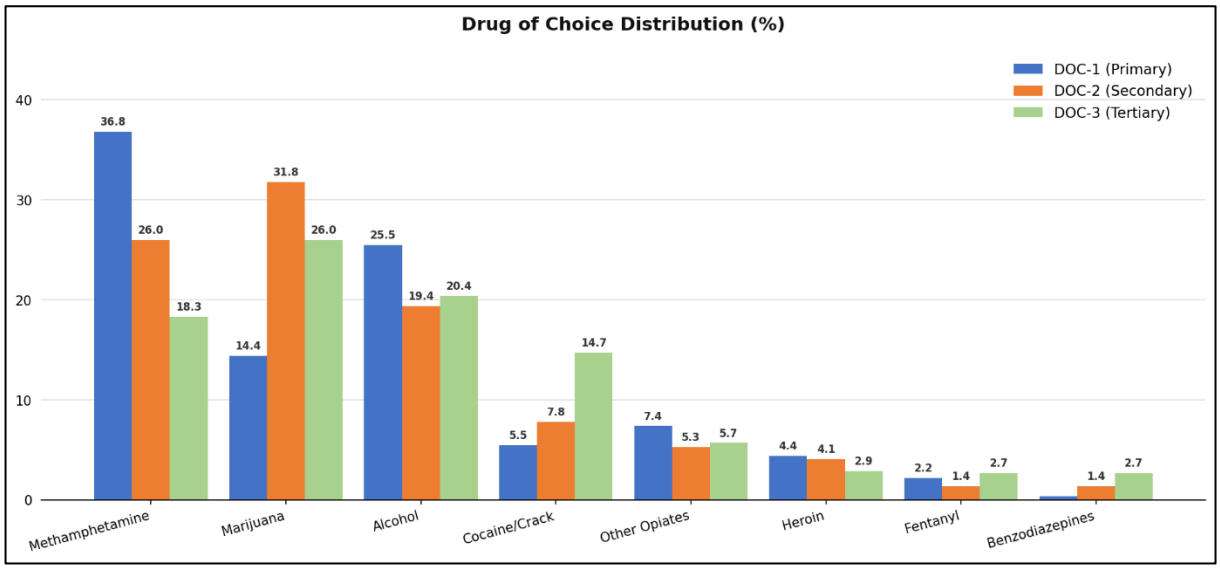
To ensure the clinical meaningfulness of treatment exposure, length of stay (LOS) analyses were restricted to participants who remained in treatment for a minimum of 30 days, as shorter durations are generally considered insufficient to produce meaningful therapeutic outcomes. Among all participants, **56% percent of our population stayed at least 30 days for program participation.**

All sobriety, housing, employment, and ROS well-being outcomes reported herein reflect the six-month follow-up subsample, while LOS-related findings are based on this 30-day-minimum filtered subsample unless otherwise noted.

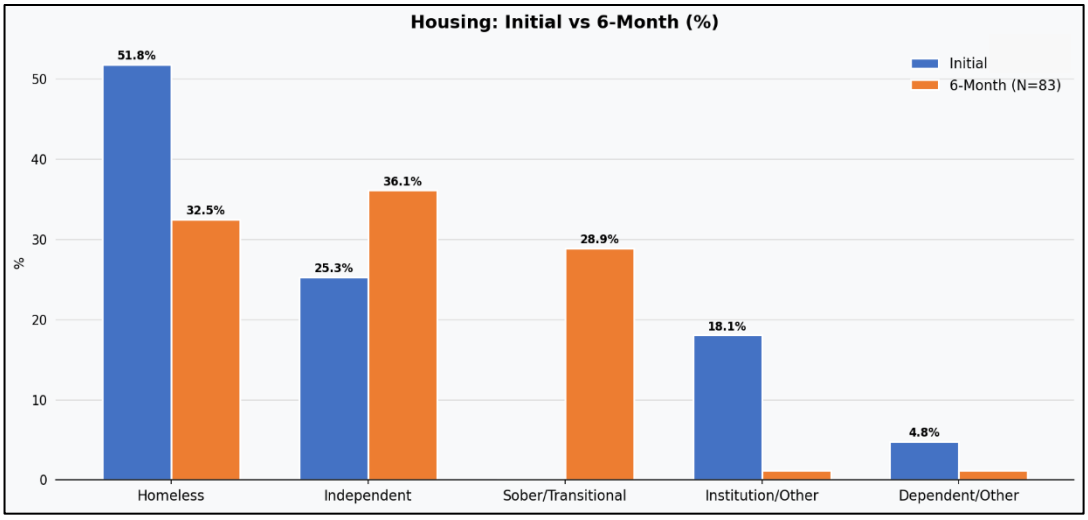
The six-month follow-up group was predominantly White (52.5%), followed by Black or African American individuals (33.8%), those identifying as two or more races (10.0%), and American Indian individuals (3.8%). Hispanic ethnicity was reported by 14.6% of participants. The mean age of the sample was 41.4 years (SD=9.8; range: 23–63), indicating that participants were largely concentrated in middle adulthood.

DEMOGRAPHICS (%)	No Six-Month Survey	Six Month
AGE		
Mean (SD)	41.55 (11.50)	41.42 (9.83)
HISPANIC		
%	20.4	15.0
GENDER		
Female	32.6	25.3
Male	67.1	74.7
Transgender / Other	0.3	—
RACE		
American Indian	1.6	3.8
Asian	1.2	—
Black	31.3	33.8
Native Hawaiian / Pacific Islander	1.4	—
Two or More Races	5.0	10.0
White	55.3	52.5
Other Single Race	4.1	—
LOS		
Mean (SD)	89.57 (58.46)	170.55 (95.80)



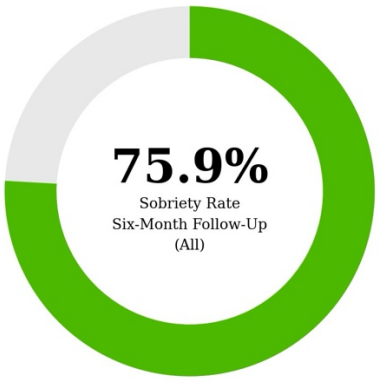


Examination of the primary substance use distribution revealed that nearly half of the participants (48.7%) identified methamphetamine as their primary drug of choice, followed by alcohol (32.9%). Heroin (5.3%), marijuana (3.9%), and other opioids (3.9%) were represented at comparatively lower rates. These findings suggest a notable concentration of stimulant and alcohol use disorders within this population.



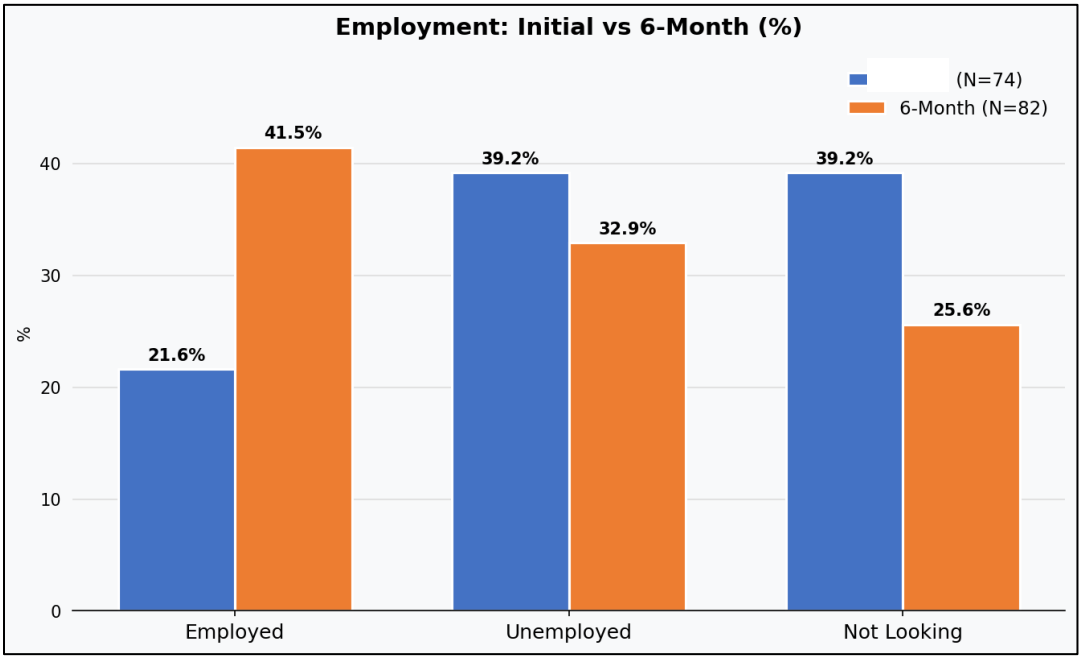
At baseline, 51.8% of participants were experiencing homelessness, 25.3% resided in independent housing, and 18.1% were housed in an institutional setting. At the six-month follow-up assessment, the rate of homelessness declined to 32.5%, the proportion residing in independent housing increased to 36.1%, and a notable 28.9% of participants were living in supported housing arrangements such as sober living homes or transitional housing. **Overall, 65% of our six month follow ups were housed.** These findings suggest that the treatment program had a positive impact on participants' housing stability.

Sustained Sobriety at Six Months

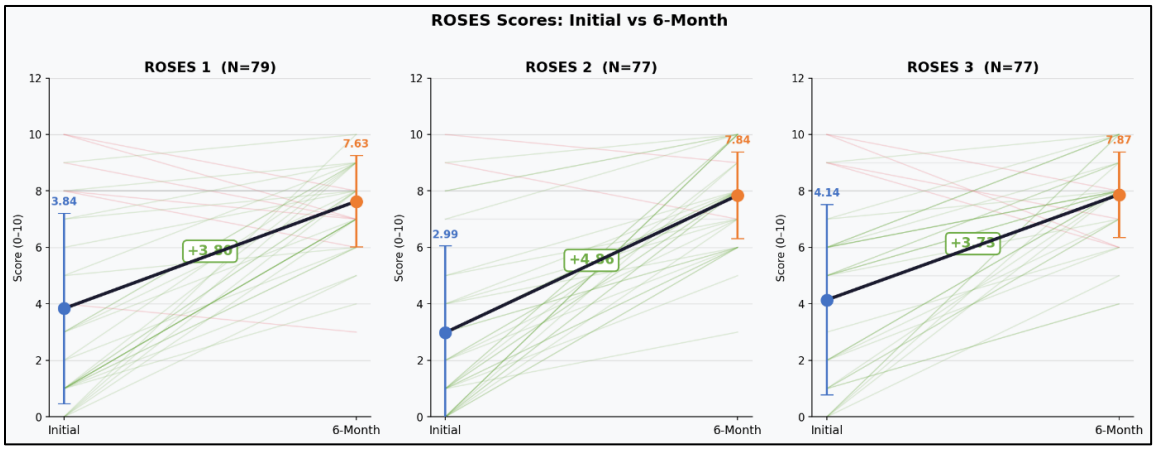


At the six-month follow-up, **75.9% of participants (n = 63, N = 83) reported complete abstinence from all substances**. An additional **4.8% of participants (n = 4) reported marijuana-only use**, representing a substantial reduction in substance use severity compared with their prior patterns of heavier drug use. Overall, these findings indicate that the majority of

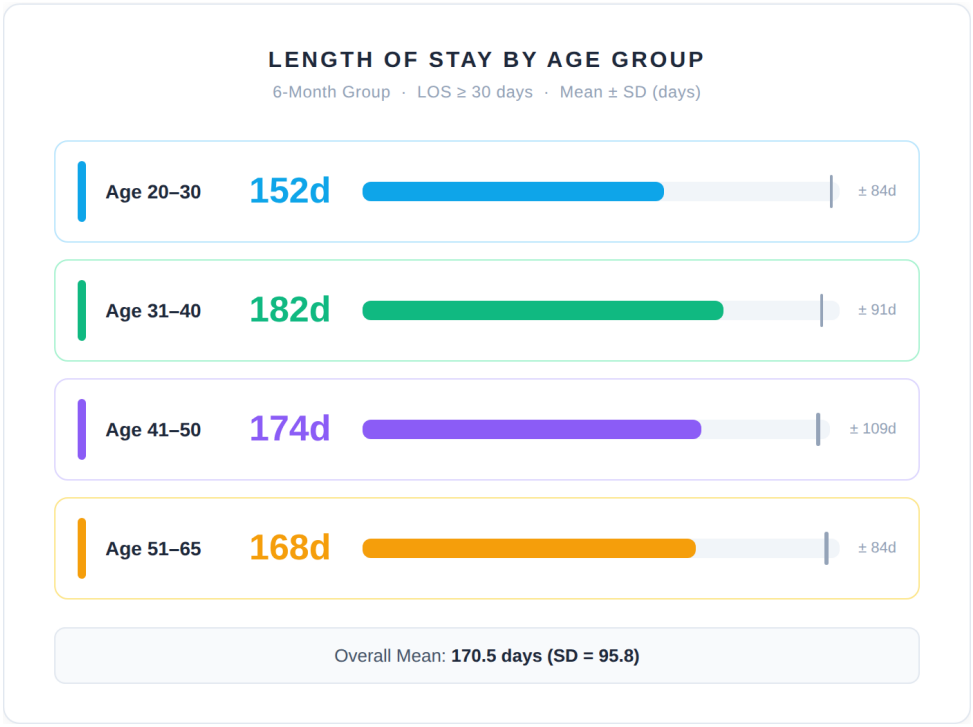
participants either achieved full abstinence or significantly reduced their substance use by the six-month follow-up. A smaller portion of participants (24.1%, n = 20) reported continued substance use, highlighting opportunities for ongoing relapse prevention support and continued engagement in recovery services.



At baseline, 21.6% of participants were employed, 39.2% were unemployed, and 39.2% were not seeking employment. At the six-month follow-up, the employment rate rose to 41.5%, while the proportion of unemployed individuals declined to 32.9% and those not seeking employment decreased to 25.6%. The approximately 20-percentage-point increase in employment reflects the broader impact of substance use disorder treatment on social functioning and suggests that the program contributed meaningfully to participants' reintegration into the workforce.



Paired-samples t-test results indicated statistically significant improvements across all three ROS subscales from baseline to the six-month follow-up. ROS-1 scores increased from 3.84 (SD=3.37) to 7.63 (SD=1.61) (Δ=+3.80; $t(78)=-9.14$, $p<.001$); ROS-2 scores improved from 2.99 (SD=3.06) to 7.84 (SD=1.53) (Δ=+4.86; $t(76)=-12.66$, $p<.001$); and ROS-3 scores rose from 4.14 (SD=3.37) to 7.87 (SD=1.52) (Δ=+3.73; $t(76)=-9.27$, $p<.001$). The large effect sizes observed across all subscales provide strong evidence of clinically meaningful improvements in participants' well-being and functional status over the course of the program.



6-MONTH OUTCOMES DASHBOARD

6-Month Follow-Up Group · LOS filtered ≥30 days

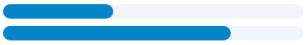
75.9%
SOBRIETY RATE

170.5d
AVG. LOS (≥30 DAYS)

ROSES 1

3.67 +3.92 → 7.59

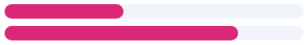
Baseline 6-Month



ROSES 2

3.99 +3.80 → 7.79

Baseline 6-Month



ROSES 3

4.16 +3.68 → 7.84

Baseline 6-Month

Conclusion

Vegas Stronger is a nonprofit organization dedicated to addressing homelessness and substance use disorders in the Las Vegas community through comprehensive, evidence-based treatment services. Since opening in 2020, the organization has served more than 4,500 individuals and expanded its reach through the development of additional treatment sites across Nevada. In 2025 alone, Vegas Stronger served more than 2,000 individuals seeking treatment for substance use and related behavioral health challenges.

The present outcomes report evaluates the effectiveness of the Vegas Stronger Thirteen Elements Treatment Model using program data collected between 2021 and 2025. A total of 2,613 individuals completed an intake assessment during this period. Of this population, 83 participants completed a six-month follow-up survey in 2025 and were included in longitudinal outcome analyses. Outcomes were measured across several domains including substance use, housing stability, employment, and overall well-being using the Rating of Outcome Scale (ROS).

Results indicate strong improvements across multiple indicators of recovery. At the six-month follow-up, **75.9% of participants reported abstinence from all substances**, stability also improved substantially. At baseline, **51.8% of participants reported experiencing homelessness, whereas at six months this number declined to 35%.** At follow-up **65% of participants were living in stable housing**, including independent housing, some individuals rejoining with their families and supported housing environments.

Employment outcomes similarly demonstrated positive change. At baseline, **21.6% of participants were employed**, while at the six-month follow-up **41.5% reported active employment**, representing a nearly twenty-percentage-point increase in workforce participation. Improvements were also observed in mental and emotional well-being. Paired-samples analyses of ROS scores revealed statistically significant improvements across all three subscales ($p < .001$), indicating meaningful gains in psychological functioning and overall quality of life.

Taken together, these findings suggest that participation in the Vegas Stronger treatment program is associated with meaningful improvements in sobriety, housing stability, employment, and psychological well-being. These outcomes support the effectiveness of the Vegas Stronger Thirteen Elements Treatment Model and highlight the importance of comprehensive, community-integrated treatment approaches for individuals experiencing substance use disorders and housing instability.

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