



Substance Abuse and Mental Health  
Services Administration

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January 7, 2022

Dear Single State Authority Director:

The Substance Abuse Prevention and Treatment Block Grant (SABG) program is designed to provide funds to states, territories, and one Native American Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use disorder (SUD). The authorization for SABG requires that 20 percent of the funding provided be set aside to fund primary prevention activities. Legislative language for the primary prevention set-aside component indicates that “...state shall use a variety of [prevention] strategies, as appropriate for each target group,” and outlines the following six primary prevention strategies:

- Information Dissemination;
- Education;
- Alternatives;
- Problem Identification and Referral;
- Community Based Processes; and
- Environmental strategy.

Although the legislation that guides the SABG program does not require of states to fund all six primary prevention strategies, the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) has historically required, in guidance to states, funding of all six strategies. While CSAP recognizes that a comprehensive approach to primary prevention may, at times, require all six strategies to be funded and implemented, the center also believes that the determination as to whether all, or some of, the six strategies need to be supported, is best determined by states in collaboration with communities they serve. The need for states to have such flexibility has become especially pronounced since COVID-19 pandemic.

Over the past 18 months, to bolster states’ SABG programs, two SABG supplements were provided to states. During this process, several applicant states requested permission to use funding more flexibly and in targeted ways – one that did not require funding all six strategies. After internal discussions, CSAP allowed the funding in the supplements to be used more flexibly and did not deny applications that proposed to fund fewer than six strategies. As a result, states were able to use the 20 percent primary prevention set aside in the most impactful manner.

Requiring block grant recipients to fund all six strategies, even if their data suggest other investment approaches may be more impactful, runs contrary to SAMHSA/CSAP’s approach to prevention. At a minimum, it limits states’ flexibility to address their respective primary prevention priorities. In addition, the requirement does not reflect SAMHSA and CSAP’s support for program delivery diversity and equity. For an increasing number of state- and community-level prevention coalition groups the six strategies requirement represents a barrier

to their ability to deliver necessary services to individuals, families and communities. The option for states to have a greater determination around what specific strategies to support ,at a community-level, maximizes the impact of primary prevention funding, ensures better return on states' and SAMHSA's prevention investment, and is consistent with the original authorizing legislation.

To continue to provide states greater flexibility to implement prevention approaches that meet specific needs of their communities, CSAP will no longer require funding of all six primary prevention strategies across all community-level prevention programming. SAMHSA and CSAP encourage states to allocate funds in a way that is:

- Supportive of the six prevention strategies as part of a comprehensive approach to prevention efforts;
- Reflective of state- and community-level data on SUDs;
- Responsive to, and in alignment with, prevention programming priorities of individual communities;
- Flexible to allow community-based organizations to use all six, or a select group, of prevention strategies; and
- Impactful for communities and for the state.

Please feel free to contact your SAMHSA state project officers and grants management specialists with any questions that you may have.

Sincerely,



Miriam E. Delphin-Rittmon, Ph.D.