**RHP 8 Monthly Learning Collaborative Call
Evidence-Based Programs (EBPs)**

**Overview**

Recently there has been an increased interest from federal, state, and local funding agencies for a greater level of program efficiency and accountability with intervention/prevention programs. This increased demand for evidence of program quality fuels an interest by funding organizations to see more programs that are evidence-based.

**What are evidence-based programs?**

Growing areas of research in the fields of social and behavioral sciences have shown that certain approaches can positively impact social problems (e.g., delinquency, teen pregnancy, substance abuse, and family violence). The majority of these approaches have been bundled into programs targeting outcomes specific to individuals, schools, families, and communities. Programs that have been found to be “effective” based on results of thorough evaluations are often referred to as “evidence-based.” The vast majority of EBPs are rigorously evaluated in experimental or quasi-experimental studies.

**Advantages of evidence-based programs:**

* Increased odds the program will work as intended and the public good will be enhanced.
* Greater efficiency in using limited resources on what has been *proven* to work as compared to what people *think* will work/what has traditionally been done.
* Demonstrated effectiveness of programs may facilitate community buy-in, along with recruitment and retention of program participants.
* May provide cost-benefit information – this type of information helps convey potential savings that can grow when funds are invested in a program.

**Disadvantages of evidence-based programs:**

* Financial resources needed to adopt and implement most EBPs are developed, copyrighted, and sold at rather substantial costs. Program designers often require organizations purchase specially developed program materials, staff attend specialized training, and program facilitators hold certain degrees or certifications.
* Intended to be implemented *exactly* as designed, allowing little room for local *adaptation*.
* Organizations may find there are few, or no, EBPs that are well-suited to meet the needs of the target audience and local community setting.

**Evidence-based program references:**

* [Best Practices Registry for Suicide Prevention](http://www.sprc.org/featured_resources/ebpp/index.asp)
* [Center for the Study and Prevention of Violence, Blueprints for Violence Prevention](http://www.colorado.edu/cspv/blueprints/index.html)
* [Collaborative for Academic, Social, and Emotional Learning (CASEL)](http://www.casel.org/programs/selecting.php)
* [Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs](http://www.ed.gov/admins/lead/safety/exemplary01/index.html)
* [Promising Practices Network on Children, Families and Communities](http://www.promisingpractices.net/programs.asp)
* [Social Programs that Work, Coalition for Evidenced-Based Policy](http://www.evidencebasedprograms.org/)
* [Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Registry of Evidence-Based Programs and Practices](http://nrepp.samhsa.gov/)
* [Youth Violence: A Report of the Surgeon General](http://www.surgeongeneral.gov/library/youthviolence/chapter5/sec3.html)