

## Season 2, Episode 1: Small but Mighty

**Cathy:** We know the people we serve and that is I think the difference of a small organization.

**Grace:** Welcome to *Giving Done Right*, a podcast on everything you need to know to make an impact with your charitable giving. I'm Grace Nicolette.

**Phil:** And I'm Phil Buchanan. Today we're going to talk to Cathy Moore. She's executive director of Epiphany Community Health Outreach Services, or ECHOS, in Houston, Texas, and they connect people in need with what they need—health, social, educational resources, even food—what it takes to improve people's lives. This is taxing, vital work in normal times. Day in and day out, Cathy and the dozen staff there at the organization in Houston are helping folks who have nowhere else to turn and they show up at ECHOS because they need support. And add to that the compounding crises that the country and that Houston, Texas in particular has faced in the last few years and the challenges are even greater. So we really get to get inside and talk with her about what that's like.

**Grace:** Yeah. I'm excited because this is really kind of bringing the listener in on what it's like to serve at a frontline, community-based Non-profit. I mean, there's so many of these organizations throughout our country; leaders like Cathy are unsung and often unknown, and yet they're making such a huge difference day in and day out.

**Phil:** Yeah, that's absolutely true, and so in our conversation with Cathy we touch on issues like: The power dynamic between those who need help and those who are providing that help—how do you even get feedback in that context? We talk about how donors can best step up in a time of crisis, what qualities they need to exhibit, what it takes to be a good volunteer—whole bunch of other topics. So I'm looking forward to this conversation with Cathy, and let's get to it!

Cathy, welcome to the *Giving Done Right* podcast.

**Cathy:** Good morning, Grace. Good morning, Phil. It's really good to be here. Thanks for asking me.

**Phil:** I think I met you first when I was doing research for my book *Giving Done Right*, and I got to spend some time at the organization you run, ECHOS, and I was just so impressed by what you do. But for our listeners who don't

know you and don't know ECHOS, can you just give us a background? What is ECHOS and how did you end up working there?

**Cathy:** So ECHOS actually stands for Epiphany Community Health Outreach Services. No one ever remembers that name. And ECHOS is considered a ministry, a faith-based organization, although we don't proselytize—that's real important—and what we do is provide for the basic needs of the clients that we serve. We provide food, we provide rental assistance, we provide application assistance and benefits assistance, so that people can access healthcare and food stamps. And we provide rental utility, flexible financial assistance has become something that's been really helpful during disasters. And we help people get from one place to another, to overcome barriers that they're facing when they find themselves in trouble.

**Phil:** One of the things that struck me when I visited you was the tremendous need. I mean, the fact that people began assembling in a waiting area before you even opened, and at least at the time that I was there a couple summers ago, you had, I don't know, 9 or 10 staff and so many people in the neighborhood that you, the community that you serve, in need. And I just thought that's a lot to open the door every day to so many folks. And sometimes maybe more than you can help.

**Cathy:** Yeah, that was always true—between 60 and 80 people would line up, and you saw the hallway, you saw where we would let people sit, because it used to be that they would stand outside, and it's hot in Houston. And so we made the hallway our waiting area, if you will. And that was pretty crowded, but people were willing to wait 4, sometimes 5 hours to be served. They are that in need. And we would get to them as fast as we could.

**Grace:** You were saying that was sort of the before times, and since then, obviously we've had the pandemic, but when I think about the Houston area, there's been Hurricane Harvey, power outages—tell us what the impact of these events has been on your work, and how do you feel donors have responded?

**Cathy:** So there's a couple of ways it's impacted. We've had to learn to pivot and be incredibly flexible in the way we serve our community. So for Hurricane Harvey, there were services that we didn't yet provide, we didn't have the infrastructure in place to do. We do now. And we continued with those programs, things like financial assistance and rental assistance and helping families that was with Harvey. And so that was our first big disaster. Since that time, we've had so many disasters. We've had other flooding events, Uri, like you mentioned, this past winter affected a lot of families and not just the people

in need, but people like you and I lost a lot of things because the pipes all burst in their homes. I lost my home. I had to move out.

**Grace:** Oh no.

**Cathy:** It happens to everybody, right? These disasters, they don't pick and choose who they hurt. They hurt us all. So like I said, we've had to pivot and, with COVID, we had to change to virtual services. We couldn't allow clients in the building. Remember Phil talking about the 60 to 80 people that would be waiting in a very crowded hallway, all up against each other. You can't do that in COVID. People couldn't come inside to come to our food pantry. For a while, the National Guard helped us distribute that food because volunteers were too afraid to come out and serve. It was a learning curve. We all had to learn to do things through the computer/virtual world, Zoom became our friend, but then teaching the clients how to use those systems as well was quite a struggle because they didn't have computer literacy skills.

**Phil:** I called you, Cathy, in mid-March, and I remember it so clearly, because I was just thinking about you as I drove to Ohio, like a lot of parents, went to get a college kid in the middle of her semester, and everything was in upheaval, and I texted you just, "I wonder how you're doing." And we ended up on the phone and, of course, folks like CEP and other employers were telling their employees not to come back to the office, and that wasn't a choice that you had, and you said, "we're first responders, you know, we got to keep going." I wonder if you could say a little bit about the toll it's taken on you and your team to go through all this. And how did you support each other and make it through? Did you have people who just said, "I can't do this anymore?" How are folks doing?

**Cathy:** So initially, everybody was all hands on deck. They were ready to jump in, but there was a lot of anxiety because there was so much that was unknown about COVID and the transmission rates and how we could catch it and were people around us sick? And two of our employees did leave because of their anxiety. One clearly said, "I am too anxious. I cannot continue doing this." And that was in, I think, July of last year.

We had another employee, I don't know, Phil, if you remember Carol, 72 years old, and she, God bless her, she was here. She was here every day. And I kept saying, "can we find things for you to do inside during the food pantry so you are not being exposed to potential COVID?" And she wouldn't have it. She had to be out there, and she had to be serving, and she had to be on the front lines. She felt strongly about that. Carol called me one day, and she said, "my family's worried about me, and I know I told you that when I started to get anxious, I'd

let you know." She said, "I'm here." And so she tendered her resignation that day.

And so we lost two employees. I hated that. We tried to find staff days that we would do special things. One of our volunteers took the whole staff out on a sailboat one day to give them a break and give them some fun as a staff. We have therapy dogs that come in and visit with all of the staff. Staying close and communicating are the things we have had to do also to make sure people are telling us how they're feeling, what their concerns are, what changes we should make to programs based on what they're seeing.

**Grace:** I want to circle back in terms of the ways that donors have responded during this time, could you talk a little bit more about that?

**Cathy:** So donors show up. And I want to say that there was a little bit of difference between COVID and something like a Harvey or a Uri. You can see a Uri, you can see flooding from a Harvey. That's so easy to put your finger on. Right? And so, as soon as those things show up and something is happening, cities are gathering the biggest donors, the community foundations—they were instrumental in raising funds immediately to serving people who had been affected for those types.

When COVID happened, and all of a sudden there was a pandemic, and none of us had ever had that happen before, they all sat back, took pause, and they weren't sure how to react or what they should be doing. It was interesting. I would say it took about 3 weeks, 4 weeks. And, Phil, you and I had that initial conversation, you said, "how are funders reacting?" And I said, "well, right now they're not, they're just kind of taking stock." Once they did, and once they understood how it was affecting the community, it was amazing how they marshaled their resources and they came out and they really supported the community.

Donors come to us because we serve many mixed status families and communities that didn't receive stimulus support. And so a lot of money came to us for that to make sure it got out to those families. And we're very, very grateful that we were able to do that.

**Phil:** One of the issues we talk about all the time on this podcast is the power dynamic between the donor and a nonprofit. But there's another power dynamic that I think you've thought a lot about, which is between the nonprofit and the client being served, particularly when, as you just described, the communities you serve are comprised of people who feel quite vulnerable. And you've really

taken some steps to try to make sure that you hear from the people you serve so you can improve, and recognizing that somebody might not just be comfortable saying, "hey, Cathy, this isn't going great for me," right? Because they're dependent, they're dependent on the help that you're getting. And in fact I watched you with the folks who were waiting, and I described this moment in the part of my book where I wrote about you, where you had an exchange with someone who said that they hadn't come with the right paperwork and they had been sent home to get their paperwork after waiting a good period of time. But that was, he said, "that was my fault, I should have known." And you said, "no, no, no, no. That was our fault. We should've made sure right when you came in, before you started waiting, that you knew what you would need." And he said, "no, that was my fault." And you said, "No, that was our fault." And everybody started laughing because everybody was witnessing this exchange. And I thought it was really powerful because you, you were just insistent on taking that responsibility and making him feel heard, even though he was someone in need looking for help. Can you talk to us a little bit about how you've thought about those dynamics?

**Cathy:** Funny you should mention him, I was telling his story just yesterday. Do you remember him? He was a big guy. He was just out of prison. And here he was saying, "oh no, no, it's my fault." And I thought, 'No, we can't let you feel that way. You are starting a new life. You are trying to access services that you are eligible for, and we are not helping you. We're not helping you get to where you need to be.' Even when we did the surveys, you know, the feedback work that we've been doing, we find sometimes they try to tell us what they think we want to know.

**Phil:** Exactly.

**Cathy:** How are we doing 1 to 10, 10 being good, 1 bad? We're complete 10s from everybody, till you get to the questions that are open-ended: "What could we have done better today?" And then they say, "well, I had to wait a really long time and it was just too long" or "So-and-so was rude to me, and I didn't feel good about that." And you don't get that information. Well, how are we at 10 if this is happening here?

**Grace:** I want to take a step back. I think one of the most common questions that we receive from donors is that tension between responding when there's a crisis versus sort of investing in, quote unquote, root causes. And you are at the front lines of people who are vulnerable and in need during normal times, but also during disasters—how would you counsel donors to think about that tension?

**Cathy:** So actually that's something that we have been trying to change here. We used to be a very reactive organization, taking care of needs immediately, whatever those are, kind of a one-and-done: come in, get taken care of, be gone. But we're trying really hard to change the model for us and doing some more case management to get to the root causes of the issues our clients face, like, they don't have childcare, they're ill, they don't know how to access healthcare. So we're trying to do a lot more in the way of warm referrals. Maybe someone needs financial security classes, they need to learn how to manage their finances. So we get them into classes for that. They're in the midst of a domestic violence situation or they're fleeing. We get them that counseling by moving them over that way. So our staff members are working more with the clients than just, "here's your service. Thank you for coming. Come back again." It's, "what are your needs? How many ways can we help you today?"

**Phil:** I guess related to this critique is the sense that some folks have that this shouldn't be the work of an organization like yours. That, as a society, we should have more of a safety net so that organizations like yours don't have to step in in the way that you do, so that we don't have to depend on private philanthropy to do this work. How do you think about that? I mean, do you agree with that? Do you dream of a world in which a place like ECHOS doesn't even have to exist?

**Cathy:** I don't think that's a realistic dream; I think the poor are always going to be with us. And so there's always going to be a need for services such as ours, but there are things that we can do for our community. We could expand Medicaid and provide more services and benefits that way. We're lacking in that in Texas badly. So that's one way we could help our community. But having the collaborations that we do and that other organizations do helps fill in the gaps that we're not able to get done through state or government.

**Phil:** One of the other things that we hear all the time from donors with a certain mindset is "why are there so many small non-profits? There's too many little organizations, and what we really need is to find the good ones and scale them." I always try to push back on that because I try to make the argument that an organization like ECHOS is effective because it is rooted in the community that it is in. But there's this worry that donors have that this isn't the most efficient way to do it, or there's too many small organizations, there's too much duplication. How do you think about this? You're, I believe, sort of, chartered to serve certain ZIP codes. What is more impact to you? Is that going deeper in those areas rather than broadening out?

**Cathy:** So for us, we are what's considered in Houston an assistance ministry. And these assistance ministries throughout the Houston area serve particular ZIP codes. For us, we are only ZIP code restricted for financial assistance, for rental assistance. Anything else, anybody can come to us. But because we are a small organization and because we are located on church property, our clients feel we are a safe space and they are comfortable coming. We know the people we serve and that is I think the difference of a small organization, because we know them well enough to help them in areas they may not voice, but we are able to know just by knowing their story.

**Grace:** Hmm, it just makes me reflect that relationship is so important. And we talk about scaling—sometimes those relationships can scale, but a lot of times it's really the investing in individuals that takes time and that's sort of where the impact happens.

**Cathy:** If we don't have relationships with our clients, we're a one-and-done organization. That doesn't help anyone.

**Phil:** This is just such a theme that has come up for us in so many conversations and in our work at CEP, Grace, I'm just thinking, where folks see smallness as a liability rather than smallness as an asset.

**Grace:** Yep.

**Cathy:** And it's more manageable. Smallness allows the opportunity to manage.

**Grace:** One of the things I learned about your organization through Phil's book before this conversation is that you all have a very dedicated group of volunteers, and I'm wondering if you could describe for us what makes a good volunteer.

**Cathy:** We have amazing volunteers. I'm sorry, this is kind of a tough one for today. Phil, you met Bob, you wrote about him in your book.

**Phil:** Mhm.

**Cathy:** He, as we speak, is in hospice.

**Phil:** Oh, I'm so sorry.

**Cathy:** Bob did amazing work screening people for vision, and he's even saved lives, catching medical conditions that clients didn't know they had—one was a brain tumor. But I'm sorry, I'm digressing.

Our volunteers are amazing and they allow us to do the work that we do. We are a staff of 12 now. But we see hundreds of people every month. And we can't do that with just all of us. And so we need volunteers to jump in to assist us. And they're the ones that make things happen that we can't do, that we don't have the time to work on, programs we don't have the ability to do. They're vital to the work that we do. And it's like having an extended staff. I think we had, in COVID times, 202 volunteers.

**Grace:** Wow. That's big.

**Cathy:** It was bigger than we anticipated because many of our volunteers were 60 and are 60 and above. And therefore, as soon as COVID hit, they went and obviously social distanced and went home and stayed home and quarantined.

**Grace:** Yeah. So what would be some of the characteristics over the years that you've seen that sort of lend themselves to longevity as a volunteer and being the most helpful to your organization?

**Cathy:** First and foremost, a passion and a heart for the work that we do and serving the people that we do. Once somebody comes on board here at ECHOS and begins to serve, again, we're going to go back to the relationship. They begin developing relationships, not just with us in the staff, but also with the clients. They know their clients. They know the people they're seeing.

**Grace:** How would you describe a good donor? Like what's the profile of someone that, as you see the way that they give or the way they interact, you say this is very helpful to us.

**Cathy:** We're going to go back to the relationship again. But it's interesting, my favorite kind of donor is the donor that wants to be involved, who wants to know what's happening, who wants to communicate with us. And frankly, many of our donors have skills and things that they can bring to our table and recommend for us. We are always open to that information and any suggestions.

**Grace:** It's great to be reminded that it's not just the money—right?—that's the gift. There's actually time and talent and so many other things, and sometimes we just think in that one dimension, but it's a great reminder.



**Cathy:** No, no.

**Phil:** There's another thread though, I think, in what you're saying. I don't want to put words in your mouth, but it's when you talk about curiosity and wanting to learn. There's a humility in the best donors and the best volunteers. And you mentioned Bob before, who I so enjoyed meeting when I was there, and that was so present in my interaction with him. I remember I asked, I said to him, "you do so much for this place." And he said, "no, they do so much for me." You know, he just wouldn't hear of it. It was all about serving and the sort of value he felt he got from learning from all of you, from his relationships with you, is very powerful. And I think that's what you're saying about donors too, like the desire to learn, to listen, not to believe—just as you talked about with your own clients, with that dynamic—not to believe that you possess the answers.

**Cathy:** I think that's true of all volunteers too. Don't you? That's why they stay engaged.

**Phil:** Yeah. Cathy, you and Grace were sort of going through earlier all of this sort of compounding crises that you've been through over the last several years. So much. And you've talked about the way that donors have stepped up. Are there things that you hope that donors learn from this experience? Things that maybe they continue to do as we move into a period that's hopefully more stable?

**Cathy:** So within the past year, we have seen a change in the way donors approach us. I think I've already referenced how we prefer the constant contact and the check-ins with us and the learning from us and us learning from them. I really hope those things continue. And I think the donors are enjoying those as well.

COVID did teach us one thing, I think. And that was that when a disaster occurs, if we haven't planned for it, there's, going to be a need to sit back if it's a new kind of disaster, like the pandemic was, nobody ever expected that. I can't imagine what another kind of disaster might be, but if a different kind of disaster occurs, donors will want to sit back again, just like they did last time, and evaluate what are the needs going to be for the community. And I think they did a really good job of it this time. And so I hope they will do that again. Should something different happen again.

**Phil:** Cathy, you're a really, in my estimation, talented manager and leader. You could do a lot of things—why do you do this work?

**Cathy:** I love it. I love being a part of this team of people serving these clients that we serve. I've always preferred being in a healthcare organization that has a faith-based component. It allows people to put, as I call it, faith into practice, you would call it volunteering. And for me, that brings me such joy. I know it shouldn't be all about me in that regard, but it does. I love that part of my life work. So when I get up in the morning and I'm headed in here, I'm not dreading it. I'm looking forward.

**Grace:** Hmm.

**Phil:** That's great.

**Grace:** That reminds me of the quote of it's sort of, "your calling is where the greatest need and your greatest joys converge," I think is Frederick Buechner. So that's really neat to hear.

Cathy, at the end of each episode, we ask each of our guests a question giving done right to me is fill in the blank. And we wanted to ask you, how would you define giving done right?

**Cathy:** Giving done right to me means finding your passion and investing in it and being a part of that and making a difference in the community.

**Grace:** That's beautiful.

**Phil:** Cathy, thank you so much for spending this time with us. We appreciate what you're doing and what your staff does every day. Thank you.

**Grace:** Thanks.

**Cathy:** No, thank you for the invitation. It's lovely to be with you and Grace, Phil, and I appreciate being asked.

**Grace:** So, Phil what'd you think about our conversation with Cathy?

**Phil:** I thought it was so interesting. She and her team there have been through so much. It's unimaginable, really, the crisis after crisis after crisis. You would never know it talking to her. It is the work. It's what she does. She's totally committed to it. And she's got this kind of calm matter of fact way of talking about really, really, really hard, wrenching work.

**Grace:** Yes. She and her team are really at the front lines, and so it was interesting to get a glimpse of that.

I was really struck by the part about relationships that she was talking about. I think oftentimes we forget that the change, the transformation that we want to see sometimes is, at the ground level, very much about the relationship with the caseworker, with an individual over time. And those things, you can throw money at it, but it's also just something that takes time and takes a certain chemistry. And you can tell that that chemistry exists on her team with her clients.

**Phil:** Yeah, I felt that when I was there a couple years ago. And it's trust, right?

A lot of the folks that they're working with feel really vulnerable. Some of them are undocumented, they're scared. And so that trust of that human relationship, the connection, that's what allows folks to feel that they can walk in. And nobody really wants to walk in there, but they're motivated by the reality—maybe they don't have enough food to feed their kids—and then the feeling that they know it's going to be okay when they walk in, because of the way they're going to be greeted and the way they're going to be respected.

**Grace:** Yes. I was struck by her response to our question about her organization and their work being about responding to immediate needs versus root causes. And, her response essentially was, but we do actually work upstream. And I was struck by that because I wonder whether other nonprofits who are sort of at the front lines as she is, would also say that, like, "of course we don't just stay at the basic immediate needs level, but we always try to work upstream as much as we can." And so that was encouraging to hear.

**Phil:** I got into this professional spat a few years back with someone who is really, really focused on Impact, capital I— someone I respect greatly very, very smart, extremely opinionated—who had written something along the lines of, "when you feed a hungry person, you haven't really changed anything." And it really set me off because I thought, 'well, yeah, you have. That person's not hungry anymore.' And I kept thinking about that during the pandemic, when we would see on the news those lines and lines cars, and that was ECHOS. That was what was happening there. And it mattered that folks got food. It mattered so much. And so it's important that we not disparage the meeting of immediate needs while also being able to do exactly what you're talking about that she described of saying, "yeah, well, what else? And how do we help make it less likely that you need us again even though, if you do, we will be here?"

**Grace:** I was really also struck by, she really wants to invite donors in to really roll up their sleeves, to get involved, and I think that sometimes as donors, we can feel timid about reaching out or wanting to learn. We don't want to be too demanding. We want to make sure we're leaving them time to actually do the work. But, for her, doing the work is getting others involved.

**Phil:** Yeah, and she so values, I think, in both donors and volunteers, that curiosity and interest, and that's something we just keep talking about on this podcast is the humility to ask questions, to learn. And she's the kind of person who just welcomes donors who want to start down that path.

**Grace:** So Phil, where can people go for more information about effective giving?

**Phil:** Well, Grace, they can find more resources at [cep.org](http://cep.org), our website, and [givingdoneright.org](http://givingdoneright.org), which has all our podcast episodes as well as show notes.

**Grace:** And you can find us on Twitter [@gracenicolette](https://twitter.com/gracenicolette) and [@philxbuchanan](https://twitter.com/philxbuchanan). You can also send us a note with any suggestions, questions, or comments [gdrpodcast@cep.org](mailto:gdrpodcast@cep.org).

**Phil:** Big thank you to our sponsors, Walton Family Foundation and also National Philanthropic Trust. If you like the show, please leave us a review on apple podcasts; it does really help.

**Grace:** Thanks again to Cathy for joining us.

**Grace:** *Giving Done Right* is a production of the Center for Effective Philanthropy. It's hosted by me, Grace Nicolette, and Phil Buchanan. It's produced by Sarah Martin with mixing and engineering by Kevin O'Connell and additional editing by Isabel Hibbard. Our theme song is from Blue Dot Sessions and original podcast artwork is by Jay Kustka. Special thanks to our colleagues, Molly Heidemann and Sae Darling, for their research and logistical support.