

Series Intro

This is the Invest in Results podcast. Mission-driven organizations dedicate their time, talent, and resources to improving lives and communities. Yet they are hindered by a system that too often measures process instead of progress and pays for outputs instead of outcomes. By sharing knowledge, investing in projects, and building networks, we can invest in results.

Episode Intro

In this episode, **Eshauna Smith, CEO of Urban Alliance**, discusses what it takes for nonprofits to administer randomized control trial studies as a means of measuring outcomes, while also trying to continue delivering immediate services to their communities. Since recording this podcast, Eshauna has left Urban Alliance. This segment comes from an Invest in Results event recorded at the Center for Strategic and International Studies in Washington, DC on September 12, 2017.

Story

Good afternoon. I'm very, very, happy to be here. My name is Eshauna Smith and I'm the CEO of Urban Alliance. I want to thank Nonprofit Finance Fund for having me. I definitely want to give them a round of applause, because – yeah let's get them a round of applause.

[audience applauds]

I said that after doing my TEDx talk that I would never, ever give anything called a targeted talk, a TEDx talk, or anything like that again in my career! So, they got me up here and I'm appreciative to them for allowing me to do that. So what I'm here to do is to talk about Urban Alliance's journey with our first randomized controlled trial study. And I was asked to do that because I think we all know how much outcomes matter. And they matter at Urban Alliance; they matter to us a great deal. We want to always make sure that we understand and know how we are doing by the young people that we serve. That's critical to us, right? And our partners, our stakeholders, and our collaborators want to know that the time, the energy, the resources that they are investing in at Urban Alliance, that they're investing in a place where the work that we do matters and that we do what we say we're going to do. So we know how much outcomes matter. But I think what is interesting about this time for all of us who do direct service work, lead nonprofits, or however you sort of engage in this space, is how do you manage through this sort of uptick on outcomes, building your organization's capacity, training your staff, paying for those costs, while at the same time, being able to balance? How do you balance that capacity build and all that you need with keeping your eye on the services that you need to provide for your constituents, for your clients, right? So, we want to get better with data. We want to get better with data collection and evaluation, but at the same time we want to be able to really focus on



...serving our young people. So, how do we do all of that? I'm going to give you some insight as to how Urban Alliance has managed through, thus far. We are not at all finished with our journey. We have excitedly taken on a second randomized control trial study, if you can believe it. But let me talk to you a little bit about the first one.

So, back in 2011, Urban Alliance had an opportunity to embark on a randomized controlled trial study, you know, this sort of holy grail of the outcomes movement, this gold standard, this sort of space of – folks are going to come in and objectively evaluate us and they're going to put one group in treatment and one group does not get the treatment. They're going to condition for all factors that can make anything off or uneven and then we're going to know, we're going to be able to isolate our impact, isolate our effect. Wow, that's amazing! Isn't that something we all really, really want to do? We want to be gold standard. We want to be high performing, so of course we said yes. We said yes we'll do that, back in 2011.

I come to into the organization in 2013, become part of the Urban Alliance family and I'm like, "I struck gold as the new CEO." I'm walking into this organization that's already doing really well. Programmatically, they're strong and they've already begun the work on this thing called the RCT. That's great. That's good. I start turning my attention to other things, only to have it be turned back. Because while we have survived this thing called the RCT, it does – there is a lot more blood, sweat, and tears. It is not painless. It is not for free, both literally and figuratively. And it took a lot more than I thought. Again, glad to say that we survived. Glad to see that we just two weeks ago rolled out the final results of our six-year randomized control trial study, which shows that we have a statistically significant impact. Thank goodness.

[audience laughs and applauds]

Statistically significant impact when it comes to college access to both the males who complete our program, who are largely Latino and African American, as well as the mid-tier students in our program in that mid-tier GPA of 2.0-3.0, which is our target population, as well as having significant impact in that we are, we can prove, or it is proven that young people who go through our professional skills training retain those skills over a pretty long period of time. I know I didn't tell you what we do, so I'm going to do that in a second. But, we are happy to have gotten these results and we are, you know, we survived and we're starting number two.

Urban Alliance was established in 1996, 20 years ago, here in Washington D.C. What we do is, we provide economically disadvantaged high school students with a 10-month paid internship over the course of their senior year. That work experience really helps them to turn on a number of light bulbs, get some mentoring, some coaching, and some post-high school planning so they are not disconnected post high school, that they are on a track where they can become economically self-sufficient and they are not disconnected from school in their work, post high school, which they are very much at risk at of before we get to them. So, what I want to do is I'm going to share three challenges that we had and three recommendations. For those of you who may be considering doing an RCT, you really want to do one, you desire to do so, hopefully this will be helpful for you to kind of hear our journey.



First and foremost, as far as challenges: our external relationships. It was hard. They were very strained, not all of them, but particularly when you're walking into a school and you're saying, "Hey, I need students," and then some of them are going to be turned away. Because we have to randomize, we have to do a lottery, we have to have this selection process that's different. And you've got guidance counselors and folks who you've worked with for 10-15 years, saying, "You know, what is this thing that's going to show you something six years from now, when I have students right now, today, who need services, who are struggling, who are going home to no one there to support them?" It doesn't add up for your partners all the time. So that was really hard for us. And I don't know that we understood going in how hard that was going to be. Some relationships we were able to manage through. Some we lost. We can't do this work without relationships, obviously. I'm sure you all would say the same thing. But everything that we do with our schools, with our parents, with our young people, it's all-around partnerships, excuse me, relationships. So, that's really, really, critical.

The second challenge: impact on staff. We're asking staff to go out and to double, triple recruit in the face of much disappointment from stakeholders and then again, knowing that all those young people may not, will not, won't, absolutely won't, be able to be in the programs this year. So the strain on them, what they have to face into every day, what the kinds of messages they have to be prepared to deliver, how they have to talk about the work, again, really hard for an organization to face into. We lost some staff that way.

The third challenge is fundraising. Someone said earlier, "Blame everything on the funders." Hm. Sometimes that's true, but I'm not going to –

[audience laughs]

I'm not going to go there. What I'm going to say is it's really hard to fundraise for evaluation. We know we need it. We know it's important, but it's you know, it's just not, it's not sexy. It's not the thing. It's not the immediate need all the time. We were fortunate to have half of the randomized control trial paid for by the social investment fund, but we had to find the rest. We had to find the match. And it was not easy. You know, thank goodness for long-term funders like The Community Foundation, and Meyer Foundation, and Cafritz who said, "Hey, you can use, we can be a match partner for you." The World Bank was very big with us in that as well. So, those are just some of the challenges that we went through. That's just a short glimpse of this journey and how it impacted the organization.

What do we recommend? What do we say to people again who are in the throes of it, who like us are going to embark on a second or third one, who may want to really push themselves around this moment of outcomes and learning more about who you are when it comes to how you're impacting the clients that you serve? **One of the things that's very, very critical is you have to staff up.** You know, we, like so many organizations, when we first came into this, we had our Chief Operating Officer, who was our evaluator, our finance person, and he was probably also the HR head. He was everything, right? We all know that and we're like, "Hey you, we'll give you this just one more task." But you can't



do that. You really have to find your funders , your investors, your partners who are going to help you staff up, build the capacity to do this work right. So, we were very fortunate.

And you can even do that if you start off small. We found a graduate student who came to us. He was passionate about this effort, and he was eager and learning. He's in the audience. I won't call him out too much, but he's grown and risen into our Director of Data and Accountability and really helped us to make this journey successful. And we now have three full-time folks in the organization who work on data and evaluation, so that's really important. You got to staff-up.

Secondly, be sure to establish your own internal performance measurement system before you embark on a randomized controlled trial study. The RCT does not take the place of that. You need to understand your own sort of data and evaluation yourself, your methods, your approach, your philosophy; what do you care about, what you don't care about, what is success for you, what is success for your clients, how do you define that? You want to be able to have that in there so that when you're in the throes of the RCT, when need to push back on that evaluator, when you need to stand up for yourself, advocate, you have a base to work with, because you're doing your own data collection and evaluation and you understand who you are as an organization in that way.

The final recommendation is to over-communicate internally and externally. You cannot educate folks enough about why the study is important, why we need to see 6 years into the future, again, when folks are hurting right now, today. Why does that matter, that we know whether or not this work works? You have to over-communicate that to your stakeholders, to your funders, to your partners, as well as to your team so that they know why this matters and what this means. So I think as we go into the second RCT, that is the one lesson that I think we are definitely, definitely going to do much better with this time. I am actually out of time, but I will conclude by saying that it's been an up-and-down, a great journey. And I think the one thing that I want to leave you all with – it's not – the RCT is not what's most important. It's about the learning that comes out of it. And I'm very excited that we're in a place now as an organization to embark on a very rich learning agenda. We have lots and lots of information about who we are, what we do well, and what we don't do well. And so the challenge for us now – and I think what's exciting and what's the most, sort of, the bigger theme here – is, how what we are going to do with that? And how are we going to stand up as an organization to make sure that we take the opportunity that we were given in being able to conduct this RCT – how are we going to be able to – what are we going to show for that? How are we going to do better by our students? Because that's ultimately what this is about; doing better by our young people. So, thank you for giving me a moment.

Outro

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