

# Popular Government

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\$ 10,516,820	\$ 24,114,719	\$ 303,935
64,575	27,429,796	7,428,952
3,609,615	16,442,747	4,042,290
(313,768)		
126,674	232,667,48,823	83,697
6,408,150	34,843,175	751,239
144,980,601	28,818,336	8,36,930,547
1,541,288,751	221,411,511	1,977,411,788

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Photograph by Steve J. Benbow

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# Measuring the Performance of Emergency Homeless Shelters

Ingrid K. Flory



NEWS & OBSERVER / CHRIS SEWARD

**A**s emergency homeless shelters across the country adopt a model of service delivery that encompasses more than offering just food and shelter, their objectives become complex and difficult to measure. The result is that few of them have established the level of performance measurement necessary to gauge their success. Current literature emphasizes the need for performance measurement at shelters but offers few recommendations on how to develop and implement measures that are practical and meaningful to shelter management. This article proposes such measures for use at the largest emergency shelter in Wake County, North Carolina, the South Wilmington Street Center. It also recommends a practical, accurate system for data collection in a setting where time and resources are limited. Although the selected measures are tailored to the objectives of this shelter, the recommended system of measurement can be adapted for use elsewhere.

## Background

In the past, many emergency homeless shelters served as nothing more than places where people could find a meal and a bed—“a hot and a cot,” in shelter parlance. Thus they measured their success by the number of beds filled and meals served. In recent years, however, many emergency shelters have adopted a “one-stop shop” model. Under this model a shelter’s residents can obtain a variety of services at the shelter. The model defines success not only by the number of beds filled and meals served but also by the number of residents placed in permanent housing and the progress each resident makes toward independent living.

Since adoption of the one-stop shop model, shelters have been struggling to

find practical ways to measure their success. Much of the challenge is due to the nature of the target population: homeless people are transient and therefore difficult to locate for the purpose of determining long-term outcomes.

In addition, homeless service providers and their residents often define “success” as completion of individual service plans. These plans are agreements between residents and their case managers on specific goals to be met in order to attain independent living—for example, that residents will seek substance abuse or vocational counseling and save a certain percentage of their earnings. Such qualitative and individually based goals make uniform measurement of progress especially difficult.

A third hurdle is the lack of resources. Collecting data for performance measurement requires allocation of staff time, and frontline service providers often view such data collection as a low priority.

Despite these challenges there are good reasons to measure performance at emergency homeless shelters. First, funders and constituents are increasingly demanding evidence that their funds are accomplishing the targeted goals. Data provided by performance measurement can be a powerful tool for retaining current resource levels, acquiring additional funding, or securing community support. Equally practical is the need to base management strategies on concrete data. Through performance measurement, shelter managers can continually

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monitor program quality, demonstrate program effectiveness, and modify programs to improve their effectiveness.<sup>1</sup>

### The South Wilmington Street Center

The South Wilmington Street Center is an emergency homeless shelter owned by Wake County and operated by Urban Ministries, a nonprofit organization. The shelter serves single men and is one of the few in the county that have no criteria for entry.<sup>2</sup> It is outfitted with approximately 200 beds but regularly accommodates 350 residents with the addition of cots and sleeping mats.

The shelter has two programs: transitional and emergency. Residents in the transitional program receive case management in exchange for pledging to obtain work, stay sober, and save at least 70 percent of their earnings. At this shelter and most others, “case management” refers to the services provided to a resident by a social worker or other shelter staff, based on an individual service plan (described earlier). Residents in the emergency program may receive referrals from the shelter’s staff for specific services, but they do not formally receive case management. Unlike transitional residents, who regularly stay at the shelter until they secure other housing arrangements, emergency residents often use the shelter erratically.

### Selection of Performance Measures

Selection of performance measures for the South Wilmington Street Center involved linking organizational objectives defined by the shelter’s staff and management to performance indicators drawn from the literature and from interviews with four staff members (see Table 1). These indicators gauge the extent to which the shelter is reaching its objectives.

When an objective is as individually based as “reduce residents’ use of alcohol and other drugs,” performance measurement is notoriously difficult. As one researcher comments, “Existing scales are generally disappointing since they lack the scope and sensitivity needed to demonstrate small and fluid changes, or to account for modest gains.”<sup>3</sup> Thus,

**Table 1. Organizational Objectives Linked to Performance Indicators**

Objective of Shelter	Indicator of Performance
Assist residents in locating, obtaining, and keeping acceptable housing	Percentage placed in long-term housing or rehabilitative settings Percentage living in housing of their choosing for up to one year after leaving case management
Enhance economic and employment status of residents	Percentage unemployed but seeking work Percentage employed, or receiving or seeking disability Percentage employed receiving pay increase(s) Percentage reporting successful budgeting of finances
Reduce residents’ use of alcohol and other drugs	Percentage of identified substance abusers receiving treatment for alcohol and other drug abuse Percentage reporting heavy or regular use of alcohol or drugs
Increase residents’ access to services and other agencies	Percentage fully or somewhat engaged in their case management Percentage rating shelter services as “very . . .” or “somewhat helpful” Percentage reporting being “very . . .” or “somewhat satisfied” with shelter services Percentage of emergency residents applying for acceptance into transitional program
Assist residents in obtaining entitlements for which they are eligible	Percentage acquiring additional benefits and service referrals while in case management
Prepare residents to reenter society	Percentage of emergency residents moving into transitional program Percentage reporting arrests or probation or parole violations during or after case management Among those for whom psychotropic medications have been prescribed, percentage taking them as directed Percentage participating in community activities such as church, sports events, and meetings

although the selected indicators measure each of the shelter’s objectives to the highest degree practical, variations will be inherent in the resident population. Such variations do not negate the value of performance measurement for the purpose of informing management decisions, but they would affect a scientific study’s margin of error.

### Design of a Data Collection System

The potential pitfalls in implementing performance measurement at emergency homeless shelters are many, and researchers debate how best to minimize possible inaccuracies. The following discussion addresses what the common



obstacles to data collection in social services programs are and how the system recommended for the South Wilmington Street Center surmounts them.

#### **Attrition Rates**

Although many researchers recommend conducting exit interviews when residents leave a homeless shelter,<sup>4</sup> others express concern that exit data skew outcomes because they do not account for “attrition” (residents leaving the shelter without notice, reducing the shelter’s population).<sup>5</sup> Some researchers have attempted to account for this by tracking attrition rates,<sup>6</sup> but others contend that it is impossible to interpret attrition rates as indicative of solely negative or positive outcomes.<sup>7</sup> To avoid that pitfall, this article recommends a method of data collection that will measure performance repeatedly during a resident’s case management and first year out of the shelter. The method will help ensure that even if a resident leaves without warning, the shelter will have some data on the resident. Although having such data will not

eliminate bias due to attrition, it will provide shelter managers with information that can be analyzed to identify common characteristics or experiences of clients who leave case management.

#### **Self-Reporting Bias**

A second potential pitfall is reliance on self-reported outcome data. The concern surrounding this issue is twofold. First, reliance on self-testimony carries an inherent risk of dishonesty. In the context of homeless shelters, however, replacing self-reporting is nearly impossible because so many of the outcomes are measurements of lifestyle and independence. Although the recommendations in this article do rely on self-reporting, they include several indicators that can be periodically cross-referenced to ascertain the level of self-reporting bias. For example, one questionnaire asks residents to report if they have had any convictions or parole violations while receiving case management. These self-reports can be periodically cross-referenced with local authorities to gauge their level of accu-

*A heavily used service at homeless shelters is hot meals, often prepared and served by volunteers.*

racy.<sup>8</sup> This level of accuracy can be extrapolated to other indicators for which there are no objective means of measurement, to assess loosely the overall accuracy of the self-reporting.

Another concern about self-reporting is that the relationship between the interviewer and the interviewee can compound the risk of inaccurate responses. Typically, researchers and practitioners have relied on case managers to conduct follow-up surveys because case managers are most likely to have the knowledge and the drive to locate former residents. Many researchers, however, have expressed concern that clients may exaggerate their successes to their case managers. On the other hand, one study found that when case managers administered follow-up surveys, the self-report bias was actually *negative*. That is, former residents routinely overreported problems and underreported successes. Regardless of

the direction in which the bias leans, it can be minimized through frequent contact between client and case manager.<sup>9</sup> In other words, the more often a case manager and a client speak, in either regular meetings or follow-up conversations, the greater the client's tendency to be honest. Given these considerations, the recommended method of data collection for transitional residents is for case managers to conduct follow-up surveys with the residents in addition to having regular contact with them after they leave the shelter. The use of case managers will increase the response rate, and the requirement of regular contact will minimize the bias resulting from the case manager/client relationship.

### Recommendations for the South Wilmington Street Center and Other Shelters

As noted previously, the South Wilmington Street Center has two programs: emergency and transitional. Although the populations in these programs are housed in the same space, they receive very different levels of service. Therefore

the shelter should use different criteria to measure its success with them. Following are recommendations on how the center and shelters in general can begin collecting data for performance measurement with three populations: emergency residents, transitional residents, and former transitional residents. The recommendations are based on a literature review and on interviews with three directors of comparable emergency shelters in Wake County and one nationally recognized emergency shelter in Boston. The questionnaires created for data collection were pretested for validity and practicality at the South Wilmington Street Center.<sup>10</sup>

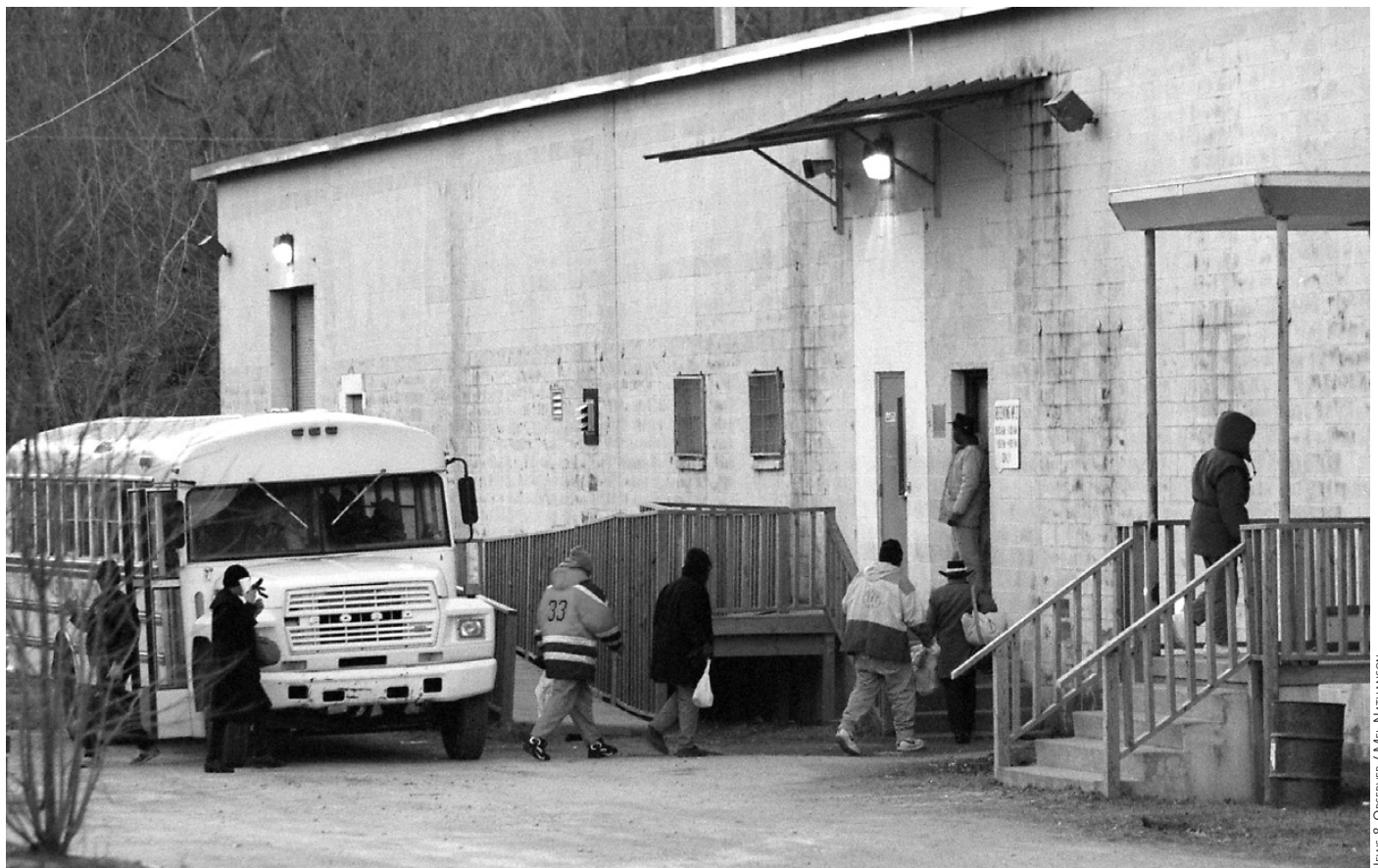
#### Emergency Residents

Like many other shelters, the South Wilmington Street Center expects the majority of its residents to need case management or other support services in order to gain economic self-sufficiency. The shelter's staff therefore assume that before a resident finds permanent or supportive housing, he will receive case management through the transitional program.<sup>11</sup> Given that all residents enter

as emergency residents and must apply to be accepted into the transitional program, application to and acceptance into the transitional program should be the principal outcome measures for emergency residents. The percentage who apply will indicate the shelter staff's success in encouraging emergency residents to seek services. The percentage who are accepted will reveal the shelter staff's success in preparing residents to meet the transitional program's requirements of sobriety and willingness to obtain employment.

These data can be easily obtained by keeping a record of all emergency residents, emergency residents who apply to the transitional program, and emergency residents who are accepted. Thus the center and other shelters need only calculate the percentage of emergency residents who apply to the transitional program and, of those, the percentage who are accepted.

*The South Wilmington Street Center's bus delivers homeless people to the shelter on a night that is expected to be cold.*



NEWS & OBSERVER / MEL NATHANSON



A second way in which the center and other homeless shelters can measure their success in encouraging emergency residents to apply to the transitional program is to document their attempts to engage emergency residents in services or the transitional program. “Engagement” is defined as “establishing a relationship with a prospective client for the purpose of developing interest and involvement in treatment.” The level of engagement is an indicator of how active a client is in his or her own treatment. The higher the level of engagement, the greater the success of the organization in empowering its clients to meet their own goals. Management can promote documentation of engagement by periodically selecting a sample of emergency residents, inquiring whether staff have attempted to engage them in services, and noting whether they have accepted or refused assistance. Not only will this provide information on the rate of engagement for emergency residents, but also it will promote outreach among the shelter’s staff as a performance indicator for the shelter. In addition, management can

cross-reference such information with demographic and personal data to determine differing levels of engagement among various subgroups of the population.<sup>12</sup> This will help identify subgroups that are not being reached because of language barriers, length of homelessness, or other reasons. Such periodic surveys also could be designed to help assess clients’ satisfaction with services.

#### **Transitional Residents**

The structure and the goals of the transitional program allow for a range of performance measures to be gathered throughout a resident’s participation in the program. Thus, performance measures for both current and former transitional residents should emphasize individual-level progress toward independent living, in addition to more traditional outcomes, such as economic gains and placement in permanent housing.

Taking into consideration both the size of the population served and the perceived time constraints of the shelter’s staff, a survey was developed to be administered orally to a sample of tran-

*People sleep on the streets for many reasons—for example, lack of space in shelters, fear of authority, and mental illness.*

sitional residents (see the sidebar on page 8 for sample questions). Approximately 120 transitional residents should be randomly selected each year to receive the survey. This sample size will ensure that the survey results will be accurate within a 10 percent margin of error.<sup>13</sup> The case managers of these residents should conduct the survey orally with them during three regularly scheduled appointments. Conducting the survey at these times will ensure a fairly high rate of response. In addition, since the survey will require only about seven minutes to conduct,<sup>14</sup> it will infringe little on the client’s appointment. Case managers who pretested the survey reported that this time requirement was not unduly burdensome and that the survey provided them with an opportunity to reflect on their client’s progress to date. Thus such an instrument also might contribute to the quality of case management.

## SAMPLE QUESTIONS FROM THE TRANSITIONAL RESIDENT QUESTIONNAIRE

1. When was the last time you maintained independent housing? Please enter month and year:

2. Please indicate how many months you have been in the transitional program:

\_\_\_\_\_ months

3. Please indicate your current employment status:

(Please check only one).

- |  |                          |                            |
|--|--------------------------|----------------------------|
| Employed, day labor (contracted daily)             | <input type="checkbox"/> | (If checked, go to item 4) |
| Employed, temporary (contracted weekly or monthly) | <input type="checkbox"/> | (If checked, go to item 4) |
| Employed, permanent                                | <input type="checkbox"/> | (If checked, go to item 4) |
| Unemployed, seeking work                           | <input type="checkbox"/> | (If checked, go to item 6) |
| Unemployed, not seeking work                       | <input type="checkbox"/> | (If checked, go to item 6) |
| Receiving/seeking disability                       | <input type="checkbox"/> | (If checked, go to item 6) |

4. If employed, have you received a pay increase since you were hired?

- Yes       No

If yes, how many pay increases have you received? \_\_\_\_\_

5. Over the past four weeks, have you successfully saved 70% of your earnings?

- Yes       No       Not sure

6. In the past four weeks, have you participated in any community activities, such as church, sports events, or house meetings?

- Yes       No       Not sure

7. In the past four weeks, have you attended an alcohol or other drug treatment program (including AA or NA meetings)?

- Yes       No       Not applicable

8. How helpful has each of the following services been to you? Please check all that apply.

	<i>Very Helpful</i>	<i>Somewhat Helpful</i>	<i>Not Helpful</i>	<i>Don't Know</i>	<i>N/A</i>
HIV education and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery dynamics classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of birth certificate or NC ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis testing and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify: _____					



## SAMPLE QUESTIONS FROM THE TRANSITIONAL RESIDENT QUESTIONNAIRE (CONT.)

9. Overall, how would you rate your satisfaction with the services you have received at the South Wilmington Street Center?

<i>Very Satisfied</i>	<i>Somewhat Satisfied</i>	<i>Not Very Satisfied</i>	<i>Not at All Satisfied</i>	<i>Not Sure</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Since entering the transitional program, have you obtained additional benefits, such as Social Security, disability, food stamps, or Section 8 assistance?

Yes       No       Not sure

11. Have you ever been convicted of a crime other than a traffic violation?

Yes       No       Not sure

12. Have you had any arrests or probation or parole violations since entering the transitional program?

Yes       No       Not sure

13. Are you taking any mental health medications?

Yes       No       Not sure

If yes, are you taking the medicine as directed?

Yes       No       Not sure

14. In your opinion, how have you grown since entering the transitional program?



The first round of the survey should be conducted within the first month of a resident's joining the transitional program; the second before the time at which the average resident leaves the shelter for other housing; and the third at an interval after which most residents have left the shelter for other living arrangements.<sup>15</sup> Conducting the survey at these intervals will provide information about services or situations that may speed or slow the process of reaching desired outcomes. It also will help offset any bias created through attrition, because there will be some data on residents who leave unexpectedly, which can be analyzed for trends. Such information can help identify common characteristics or experiences of clients who leave case management.

While conducting the survey, the case manager should enter the answers directly into a database,<sup>16</sup> thereby avoiding spending time on data entry at a later date. Then, at a regularly scheduled interval (six months is recommended), management can aggregate responses and analyze them for trends. This will

provide valuable data for management decisions and for new goals for staff and residents.

### Former Transitional Residents

After the selected transitional residents leave the shelter, their case managers should conduct a follow-up survey at increasing time intervals for one year (a sample survey is available from the MPA Program). The purpose of repeatedly conducting this survey is for management to assess the long-term outcomes of former residents while case managers help their clients make the transition to independent living.

Case managers should conduct the first and second rounds of the survey over the telephone or in person at four and eight weeks after the client leaves the transitional program. (Management should encourage case managers to contact their clients within the first weeks of departure, though, to offer support and to maintain contact.)<sup>17</sup> This emphasis on the client's first two months out will offer additional support in a difficult period of transition and increase the

case manager's ability to maintain current contact information for the client. After two months, clients should be surveyed three more times before their one-year anniversary of leaving the shelter.<sup>18</sup> If clients do not have a telephone or cannot otherwise be reached by telephone, a postcard should be sent requesting that they call or drop by the shelter for follow-up with their case manager. The shelter might consider providing an incentive such as grocery coupons or bus passes to encourage former residents to participate in the follow-up surveys.

Again, the case manager should enter survey responses directly into a database at the time he or she conducts the survey, and management should aggregate the responses and analyze them for trends at least every six months.

## Conclusion

Although the challenges to conducting performance measurement at emergency homeless shelters are many, the feedback that a good set of performance measures can provide is crucial to making sound management decisions and improving services. Given the complexity of a shelter's objectives and the transience of its clientele, no performance measurement system is likely to be flawless. The system for performance measurement recommended in this article seeks to take into account the transience of the population, the need for individual-level data, and the limited resources of shelters. The information generated by such a system should give shelters valuable insight into their strengths and weaknesses without placing an undue burden on their staff.

## Notes

1. William Hargreaves & Clifford Attkisson, *Evaluating Program Outcomes*, in *EVALUATION OF HUMAN SERVICE PROGRAMS* 303 (Clifford Attkisson et al. eds., New York: Academic Press, 1978).

2. Even active drug abusers, who are routinely banned from a majority of shelters, are allowed to stay at the South Wilmington Street Center.

3. Celine Mercier et al., *Program Evaluation of Services for the Homeless: Challenges and Strategies*, 15 *EVALUATION AND PROGRAM PLANNING* 417, 422 (1992).

4. Debra Rog, *The Evaluation of the Homeless Families Program: Challenges in Implementing a Nine-City Evaluation*, in *EVALUATING PROGRAMS FOR THE HOMELESS* 47 (Debra Rog ed., San Francisco: Jossey-Bass, 1991).

5. Alexander Young et al., *Routine Outcome Monitoring in a Public Mental Health System: The Impact of Patients Who Leave Care*, 51 *PSYCHIATRIC SERVICES* 85 (Jan. 2000).

6. Mercier et al., *Program Evaluation of Services*.

7. One study of mental health patients found that the group that had unexpectedly left treatment actually had better outcomes than the group that had remained in treatment. Thus, attrition rates often may indicate a positive outcome. Young et al., *Routine Outcome Monitoring*.

8. Residents of the South Wilmington Street Center sign a waiver to permit the shelter's staff to have access to their court and service records. Such information is kept strictly confidential and is primarily used to increase the effectiveness of case management.

9. Robert Orwin et al., *Pitfalls in Evaluating the Effectiveness of Case Management Programs for Homeless Persons*, 18 *EVALUATION REVIEW* 153 (Apr. 1994).

10. Two questionnaires were developed for data collection. Shortage of space precludes their publication with this article. In the pretest, case managers administered five copies of each questionnaire to current and former transitional residents. Most feedback regarding questionnaire content and design was positive. Various suggestions have been incorporated into the final recommendations.

11. Although this assertion lacks empirical evidence to back it up, it is the predominant philosophy among homeless service providers.

12. Carol Mowbray et al., *The Challenge of Outcome Evaluation in Homeless Services: Engagement as an Intermediate Outcome Measure*, 16 *EVALUATION AND PROGRAM PLANNING* 337 (1993).

13. To achieve a smaller margin of error, the shelter would have to survey the entire population of transitional residents. This may or may not be administratively feasible, given current resources and staffing levels. It is therefore recommended that the shelter begin with a sample of transitional residents and, if possible, expand the survey to the entire population at a later date.

14. The estimated time required to administer the survey is based on the pretest.

15. These intervals will minimize the effect of attrition and allow for trend analysis based on length of treatment. Hargreaves & Attkisson, *Evaluating Program Outcomes*, at 308. The South Wilmington Street Center has yet to determine the average length of participation in the transitional program.

16. A critical component in adopting these measures is the development of a case management database that will facilitate aggregating and coordinating data. Specifically the database should allow for comparison between services received and services planned for residents receiving case management. This will aid case managers in assessing their clients' level of engagement and fidelity to treatment. In addition, the database should have trigger capacities to remind case managers when surveys are to be administered to specific clients. Last, the shelter will be relying on the database to select a random sample of clients to survey. To spread the survey work among case managers, the database could be set to select for survey a determined number of new clients per case manager.

17. According to one case manager, it is common for case managers to contact former clients soon after their departure, although the case managers often do so in their free time.

18. These surveys should be evenly distributed throughout the remainder of a client's first year out of the shelter. Suggested times are 5, 8, and 11 months out.

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