



# CAPACITY FOR CARE (C4C) CASE STUDIES

## FINAL REPORT

---

PILOT SHELTERS: GUELPH HUMANE SOCIETY, PEI HUMANE SOCIETY,  
KITCHENER-WATERLOO HUMANE SOCIETY, MONTREAL SPCA,  
CALGARY HUMANE SOCIETY AND EDMONTON HUMANE SOCIETY



# CAPACITY FOR CARE (C4C) CASE STUDIES

## FINAL REPORT



### ACKNOWLEDGMENTS

Humane Canada, also known as the Canadian Federation of Humane Societies, sincerely thanks Dr. Kate Hurley, Dr. Cynthia Karsten and Dr. Denae Wagner of the Koret Shelter Medicine Program at University of California, Davis, for the invaluable knowledge, passion and inspiration that they shared with Humane Canada and its six member organizations who participated in the Capacity for Care pilot program. We also wish to acknowledge the courage and leadership of the participating shelters themselves: Calgary Humane Society, Edmonton Humane Society, Guelph Humane Society, Kitchener-Waterloo Humane Society, Montreal SPCA and PEI Humane Society. Thanks also to Humane Canada staff members Barbara Cartwright and Dr. Toolika Rastogi for their work on this project.

We are especially grateful to the Summerlee Foundation for their long term, strategic vision, which led to the financial support of, not only the C4C pilot program, but also the foundational research and stakeholder engagement that helped to identify and promote this innovative shelter management approach. Without their longstanding and generous support, this C4C pilot program would not have been possible.

Copyright ©2018 Humane Canada  
Layout by JJParé | [www.jjpare.com](http://www.jjpare.com)

# Introduction

Capacity for Care (C4C) is a management model that helps shelters better meet the needs of the animals in their facilities. It creates the conditions necessary to provide shelter animals with five essential freedoms, thereby improving the welfare of individual animals. The “Five Freedoms”, as they are known, are freedom from hunger and thirst, freedom from discomfort, freedom from fear and distress, freedom from pain, injury or disease and freedom to express normal behaviour.

A fundamental premise of C4C is improving the flow of cats through the shelter in order to reduce their length of stay and get them more quickly into adoptive homes or other locations where their needs may be better met than in the shelter. Reducing their length of stay prevents them from contracting illnesses that reduce their welfare and could result in their eventual euthanasia. C4C is also about optimizing the number of cats who are in the shelter at any one time so that these individual cats have better conditions and outcomes, and the overall number of cats that can be helped is greater. This number is referred to as the shelter’s “capacity for care”,<sup>1</sup> for which the model is named. Provision of high quality housing while the cats are in the shelter is another key element of meeting cats’ needs. When the shelter animal population rises above its capacity for care, housing quality is likely to be compromised.

In 2014, thanks to a generous grant from the Summerlee Foundation, Humane Canada brought together the C4C expert team, consisting of Drs. Kate Hurley, Cynthia Karsten and Denae Wagner from the Koret Shelter Medicine Program at University of California, Davis (UC Davis). Humane Canada member organizations Guelph Humane Society (GHS) and Prince Edward Island Humane Society (PEIHS) were chosen to pilot the implementation of C4C in their shelters. Following the great success of these first two pilots, additional shelters were chosen as pilots for subsequent years: Kitchener-Waterloo Humane Society (KWHS) and Montreal SPCA in 2015, Calgary Humane Society (CHS) and Edmonton Humane Society (EHS) in 2016.

The pilot shelters met with the C4C expert team in the first half of their pilot year. The C4C team conducted a site visit with each organization and discussed with staff how to implement the C4C concepts in the context of their shelter and community. After the site visit, the shelters determined how to fully implement C4C. The courage of staff at these shelters in rethinking and transforming their operations has provided the opportunity to test and document the impact of this sheltering model. The case studies that follow describe the experience of each pilot shelter. Statistics regarding cats taken in to each shelter and their outcomes, both prior to and post implementation of C4C, are also included.



Exploring a new portalized Feline Flat kennel at Calgary Humane Society.

<sup>1</sup> In this document, the shelter management model will be referred to as Capacity for Care, or C4C, with upper case Cs, while the shelter’s individual capacity for care is referred to with lower case Cs.

While specific recommendations were implemented by each individual shelter in the context of their existing procedures, in general, the pilot shelters implemented the following practices:

- “Portalization” of cages, where a portal<sup>2</sup> is created between two adjacent cages and a single cat is allocated the space of both adjoining cages. This allows eating and sleeping quarters to be separated from the litter box, while also providing the cat some choice of where to spend time. This type of housing is essential to providing each cat with the Five Freedoms.
- Fast-tracking the most adoptable cats to the adoption floor in as soon as one day, while using additional avenues to promote other cats. Fast-tracking included not waiting until after expiry of the stray-hold period before moving cats to the adoption floor, and providing health examinations and treatments as soon as possible.
- Regularly holding adoption specials, as needed, to prevent the number of cats in shelter from exceeding capacity for care. Monthly campaigns may be used to promote and move out the most adoptable cats to keep a smooth flow of cats through the shelter and to ensure the length of stay remains low.
- Setting up different categories and adoption pricing to promote less “desirable” cats.
- Instituting customer-friendly adoption application procedures with fewer restrictions, including using shorter application forms and having a conversation, rather than having a checklist of requirements.
- Changes to medical and sanitation protocols, for example: regularly spot cleaning rather than doing extensive cleaning of cat cages, when appropriate; re-evaluating treatment of upper respiratory infections (URI); allowing staff to identify health issues early and address them right away; releasing animals with health issues to their guardians as soon as possible; and providing post-operative medication to adopters after spay/neuter surgery so pets can be taken home right away.
- Scheduling intake appointments, if this was not already integrated in procedures (see below).

Where possible, the shelters also implemented Shelter-Neuter-Return, also known as Return-to-Field, and Barn or Working Cat programs. With Return-to-Field programs, healthy, outdoor, unowned cats who are brought to the shelter but are not adoptable are sterilized, vaccinated and returned to their home location, while providing education to the community that this is the best practice to maintain good welfare for both the returned cats and those in the shelter. Where there may be threats or sensitive wildlife in the areas from which the cats are brought to the shelter, the cat may be released to an alternative setting in a Barn or Working Cat program. Cats in these programs fare much better than they would in the shelter and no longer contribute to an increasing cat population.

Implementation of the C4C approach eventually results in a decrease in the number of cats in shelter, a decrease in the number of sick animals, a decrease in the euthanasia rate and a decrease in length of stay. Intake could be expected to increase, as long as demand is proportionate, or decrease if the shelter is implementing intake diversion and educating the community that some animals fare better by not coming into the shelter. The adoption rate relative to intake should increase, though the number of cats adopted may decrease if overall intake has decreased. C4C also results in shelter staff having more time to do their jobs, which benefits the cats while providing a more relaxed and inviting environment in the shelter. As an extension of this, shifts in organizational culture have also come about.

Results from the first three reporting pilots have been published in *The Veterinary Journal* and thus are now included in the peer-reviewed veterinary medicine literature.<sup>3</sup>

Data from all six pilot shelters are summarized together in Figure 1 and described in Figures 2 to 7, in the individual case studies. The results of putting C4C into practice in the pilot shelters are truly inspiring: all six organizations witnessed a remarkable decrease in the number of sick cats at their shelter, by 30% to 87%, depending on the shelter. The average decrease for the six shelters was 48%. Length of stay at the shelter decreased by an average of 20%, with the greatest change observed at Kitchener-Waterloo Humane Society, which experienced a 68% decrease. Euthanasia also decreased at all organizations but one, due to a particular situation at that site.<sup>4</sup> The average decrease in euthanasia for the six shelters was

<sup>2</sup> To learn more about portals and their installation, see the following resources: <http://www.sheltermedicine.com/library/resources/cat-cage-modifications-making-double-compartment-cat-cages-using-a-pvc-portal>; <http://www.sheltermedicine.com/library/resources/cat-portals-order-information-and-instruction-for-installation>

<sup>3</sup> The paper is freely available at <http://www.sciencedirect.com/science/article/pii/S1090023317301545>

<sup>4</sup> PEI Humane Society had a particularly high euthanasia rate during one month of the post-C4C period due to admission of a large number of diseased feral cats who had to be humanely euthanized.

34%, but was as high as 63% at Guelph Humane Society and 55% at Edmonton Humane Society. These glowing statistics demonstrate the great success of the Capacity for Care model in improving outcomes for cats in shelters.

The six pilot shelters reported common experiences from implementing C4C. They all noted that significant improvements could be made with simple, effective changes and that benefits were experienced very quickly thereafter. All organizations reported that their cats are now happier and healthier – less stressed, less sick and more comfortable. Interestingly, there have also been changes to organizational culture. The pilot sites referred to an improved ambiance in the shelter, as well as staff working “smarter” and feeling good about the outcomes, all of which have a positive effect on morale.

### **What is *scheduled intake*?**

Scheduled intake, a component of “managed intake” or intake coordination, is a key element of C4C that allows a shelter to prevent the number of cats in care from overtaking the shelter’s capacity to house them in the conditions that meet the Five Freedoms – their “capacity for care”. Rather than accepting any surrendered cat at any time, appointments are scheduled to take in the cat when the shelter’s capacity for care permits it. This prevents cats from having to be sheltered with inadequate space, which would reduce their welfare. It also helps maintain the number of cats available for adoption at a level that allows the cats to move through quickly. Here is how some of the pilot shelters are managing their cat intake.

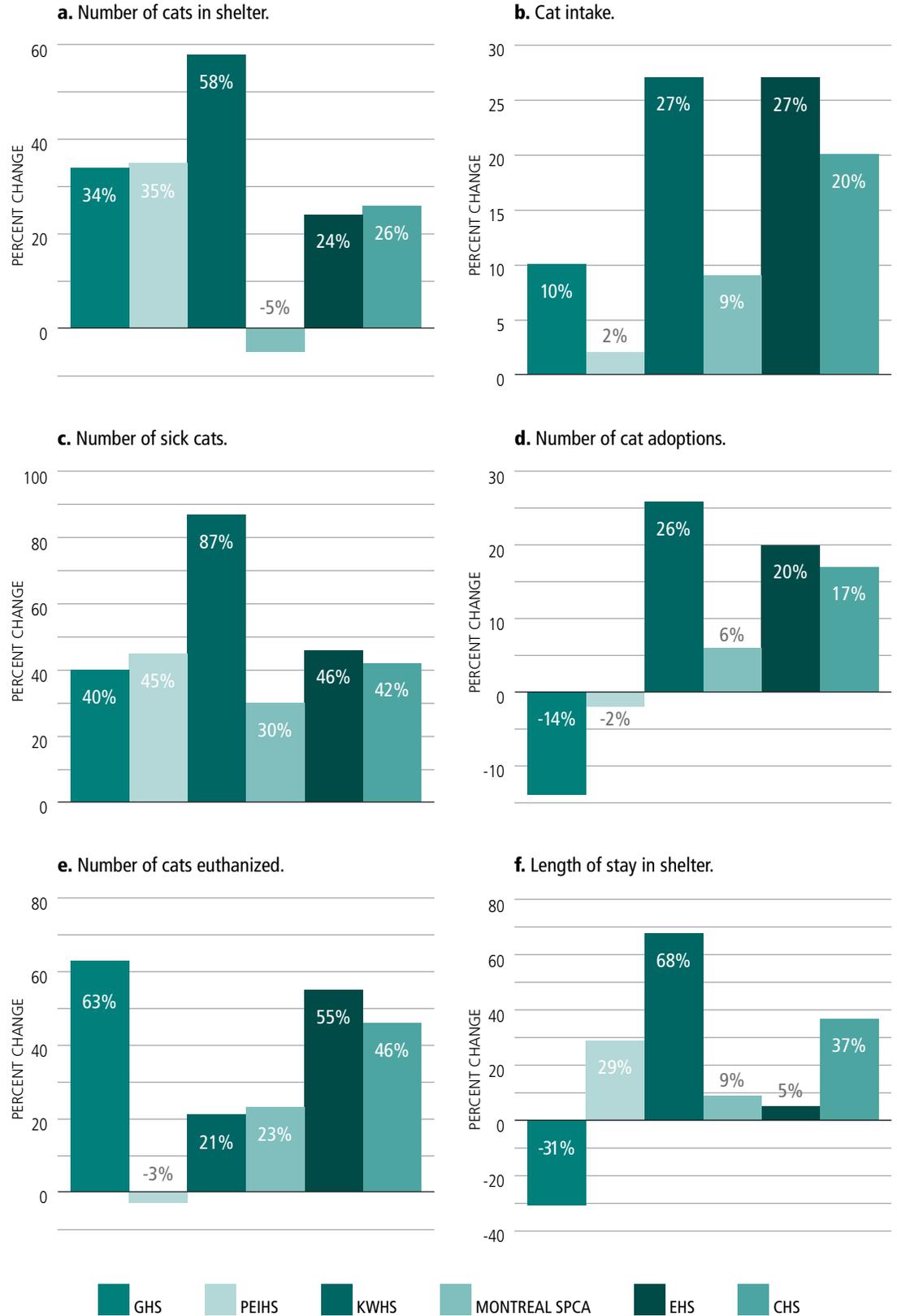
*Guelph Humane Society:* If we are close to our capacity for care, we ask that the finder of a stray animal hold onto them for a couple of days so we can make room for them. We accept owner surrenders by appointment only. Our intake coordinator offers alternative solutions to surrendering. We ask owners to provide as much information as possible about the cat to help us determine if there are any issues that need to be addressed and to allow us to put the cat into adoption as soon as possible. We also ask for veterinary information so we can determine if there are any medical issues that may not have been volunteered by the owner.

*PEI Humane Society:* We try to keep the number of cats in the communal cat rooms to 3 at maximum (down from 4). We now make every effort to schedule cat intake Monday to Thursday so the cats can be fast-tracked to the adoption floor with the shelter veterinarian. This has greatly helped our population management. More information is now provided on the PEI Humane Society website<sup>5</sup> about lost pets, feral cats, animal control and surrendering pets to give people options other than bringing them into the shelter.

*Kitchener-Waterloo Humane Society:* We changed our communication with the public, creating a waiting list for surrender, providing alternative solutions to owners who are having issues with their animals and creating a behaviour health line. We assist the public with behaviour problems at no charge in the hopes they will keep their animals. We also advise the public to leave healthy outdoor cats alone and refer them to a partner rescue organization who talks to them about Trap-Neuter-Return (TNR) programs.

**Figure 1.** Percentage decrease in key animal statistics after implementing C4C.

Averages were compared for 12 months prior to and post implementation of C4C at the six pilot shelters. An increase is expressed as a negative percentage.



# Guelph Humane Society (GHS)

Guelph Humane Society collected data regarding the cats in their care before and after implementing C4C (Figure 2). The two periods correspond to August 2013 to July 2014 and August 2014 to July 2015.

**Figure 2.** Comparison of key animal statistics before and after implementing C4C at Guelph Humane Society.

	Before C4C	After C4C	Difference
Number of cats in shelter*	41	27	- 34%
Intake	81	73	- 10%
Number of cats in sick bay	24	14 <sup>†</sup>	- 40%
Adoption	46 <sup>‡</sup>	53	+ 14%
Euthanasia	25 <sup>§</sup>	9	- 63%
Length of stay (days)	5.1	6.8	+ 31%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

† numbers in sick bay were artificially high in the first month of this period because sick bay was being used to temporarily house healthy cats while portalizing cages in other areas of shelter

‡ in one month of this period, adoptions were underestimated due to the tracking codes used

§ particularly high euthanasia rate in one month of this period due to seizure from a hoarding situation of a large number of cats who had to be humanely euthanized

After putting in place the Capacity for Care recommendations, Guelph Humane Society observed a decrease in the number of cats in the shelter, a decrease in intake, a decrease in the number of sick cats, an increase in adoptions and a strong decrease in euthanasia. Interestingly, a small increase was observed in the length of stay; however, the average length of stay at Guelph Humane Society prior to implementing C4C was already short.

After the first six months of implementing C4C, staff from Guelph Humane Society said the following:

## **What were your biggest concerns before implementing Capacity for Care?**

Our biggest concerns before implementing C4C were:

- How we would manage the same number of cats coming into the shelter with only half the number of cages to house them.
- We were unsure if we would be able to implement the recommendations as our shelter is so small and we have limited space to accommodate some of the recommendations pertaining to creating separate spaces.
- We had a difficult time getting templates for the portals and outdoor holding area.

## **How did that work out?**

Once we started installing the portals and moving forward with C4C, things just seemed to fall into place. We were unable to complete some of the recommendations, but we will certainly incorporate them as we plan our new shelter space.

## **What surprised you about implementing Capacity for Care?**

The impact it made on the cats and the staff was remarkable.

## **What costs were associated with implementing Capacity for Care in your shelter? Have you seen any savings?**

We were able to keep our costs for implementing C4C to a minimum. Our biggest expense was the actual purchase of the portals, which was roughly \$700.00. We had wonderful volunteers install the portals; our only installation cost was the rental fee for the plasma cutter which was \$100 over 2 weekends. Our “curtailments” — curtains that curtail cat stress! — were made by a neighbour who works in a fabric store, so our only cost was for notions. We used bed sheets that we already had for the material. Total cost for curtailments was \$15. In total, it cost us less than \$1000 to implement C4C.



Enjoying a portal at Guelph Humane Society.



Portalized cages in use at Guelph Humane Society.

**What has the public response been to Capacity for Care so far? The internal response? The cats' response?**

The public response has been very positive. They really like the fact that the cats have a lot more space to walk around and they are not sleeping next to their litter boxes. The internal response is also very positive. The staff time to clean cages has been reduced drastically, leaving staff with more time to spend socializing with the cats. The cats are all very happy with the new program. They have more space to move around, they can "hide" if they are shy or just not feeling up to being handled. They love the Kuranda beds, as it gives them a chance to see more of the room. The cats are happier and healthier, and by giving the public fewer cats to choose from, they are getting into homes much more quickly.

**What are the next challenges that you feel you will face in implementing Capacity for Care?**

Our next challenges will be to implement the portions of the program in our new shelter that we were unable to implement in our current shelter and to keep up the standards we have now.

**What worked? What did not work? What do you think were the most important elements implemented?**

What worked well was the portalization of the cages, the curtailments and the implementation of the "fast-track" for animals that are more readily adopted. The Barn Cat program has also been a big success. We have placed 12 cats in the Barn Cat program who would otherwise have been euthanized. We now have a waiting list for cats to be admitted.

Unfortunately, due to space and the structure of our cage banks, we were unable to implement space for cats to be out of cage.

The most important element implemented were the portals. They have made the biggest impact on the whole procedure.

**What lessons learned would you contribute to a case study for other shelters who are interested in participating in the Capacity for Care program?**

I would recommend this program to any shelter who wishes to improve the well-being of their cats. It may look intimidating in the beginning, but have faith in the program. It really works. The Guelph Humane Society thanks everyone involved in helping us improve the lives of our cats!

Guelph Humane Society staff members were still very enthusiastic one year after implementing their changes and had this to share:

“Participating in the pilot of C4C has been so rewarding for the staff, volunteers and most of all the cats at the Guelph Humane Society. When we were first asked to participate in the C4C pilots, we were a little skeptical about how we would be able to house the same number of cats with half the cages. It just goes to show that you never know what you are capable of doing until you have to do it. We can’t stress enough the impact that C4C has had on the cats here at the shelter. Last fall and into the winter, we actually had empty cages! Our cats are happier and healthier in body, mind and spirit. Our isolation room is now being used more as extra space than for sick cats. Our costs for medications have decreased. Our chubbier cats use the portals as exercise equipment, getting in their daily workouts. Members of the public have commented on how content the cats seem to be, considering they are in cages. With the extra space, all our cats have been able to have Kuranda beds, which were all lovingly donated by the generous people in our community. We have relocated our small animals to the hallway close to the front desk, which has given us more room in the adoption room to redecorate and put in comfy chairs for people to sit and cuddle with our furry feline friends. We have been able to build up a strong support system in our foster homes, which has allowed us to place cats that have been surrendered for behaviour issues so we can see what they are truly like in a home and not just assume they are not adoptable. We have also started a Barn Cat program, which has allowed us to rehome more and euthanize many fewer cats. C4C has been a huge success for everyone involved at GHS. We highly recommend any shelter who is considering it to go ahead and jump right in. You won’t regret it!”

# Prince Edward Island Humane Society (PEIHS)

PEI Humane Society collected data regarding the cats in their care before and after implementing C4C (Figure 3). The two periods correspond to August 2013 to July 2014 and August 2014 to July 2015.

**Figure 3.** Comparison of key animal statistics before and after implementing C4C at PEI Humane Society.

	Before C4C	After C4C	Difference
Number of cats in shelter*	47	31	- 35%
Intake	78	76	- 2%
Number of cats in sick bay	26	14	- 45%
Adoption	52	53	+ 2%
Euthanasia	17	17 <sup>†</sup>	+ 3%
Length of stay (days)	20.6	14.6	- 29%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

† particularly high euthanasia rate in one month of this period due to admission of a large number of diseased feral cats who had to be humanely euthanized

After putting in place the Capacity for Care recommendations, PEI Humane Society witnessed a decrease in both the number of cats in the shelter and in the number of sick cats. Interestingly, intake, adoption rate and euthanasia rate did not change significantly after implementing C4C. Staff members at PEI Humane Society reflected that even if some of their statistics didn't appear to have drastically changed, the feeling at the shelter is far more comfortable and healthy for both the people and the cats. The population is much better managed, and there are now empty cages at times. Individual medical cases are also better managed. Staff members also feel more comfortable with the euthanasia decisions that are being made in the best interest of the cats rather than in response to preventable disease or stress.

After the first six months of implementing C4C, staff from PEI Humane Society said the following:

## **What were the biggest concerns before implementing Capacity for Care?**

Change in general can be difficult for anyone, let alone a humane society with a large number of staff and volunteers. Our cats had always been housed in Cat Receiving for at least three days prior to conducting medical and behavioural evaluations and before placing them on our Adoption Floor. The ability of the C4C program to reduce length of stay, decrease upper respiratory infections (URI) and fast-track cats through the adoption process were all areas of concern, as were the time and energy needed to implement these changes.

## **How did that work out?**

Many of these goals were realized quickly with the ease of implementing the C4C program. This gave everyone confidence in the program and the desire to continue with the C4C program.

## **What surprised you about implementing Capacity for Care?**

We were surprised at how easily and quickly the program was up and running. The teleconference meetings with the C4C expert team prior to implementation were very helpful in this regard. The C4C results were immediate: we saw positive behaviour changes in the cats right away and enthusiasm for the C4C program from both the staff and volunteers.

It is usually beneficial for any organization to have input from experts outside of their own organization to bring in new ideas. This was especially true with the C4C expert team. We were able to see many new and exciting possibilities for our facility through their input, research and experience. Their advice regarding current veterinary treatment protocols and recommendations for shelter operations was exceptionally helpful and effective.

## **What costs were associated with implementing Capacity for Care in your shelter? Have you seen any savings?**

Some money was spent to purchase the raw materials needed to portalize cat kennels prior to the June 2014 site visit. Many of our cat kennels were already portalized so the money spent for the raw materials was minimal. The portalization of the kennels was completed by Dr. Wagner and some of our wonderful volunteers, so the only cost was for the raw materials.

We believe that we have saved a significant amount of money due to the decreased incidence of URI and other illnesses, as well as the decreased length of stay in the shelter. Unfortunately, these cost savings are difficult to calculate.

**What has the public response been to Capacity for Care so far? The internal response? The cats' response?**

The weekend of the C4C launch, there was a stakeholder meeting arranged with the C4C expert team. The stakeholders' response was positive and enthusiastic. Although there were press releases regarding the C4C program at the PEI Humane Society, the response of the public in general is difficult to determine.

Overall, both the staff and volunteers have been very enthusiastic. The general feeling is that we are now "working smarter". While some of the recommendations were easy to implement, other recommendations were more difficult. Fast-tracking the cats onto the adoption floor in one day was one of the more difficult recommendations to implement.



Example of a curtailment.

The cats seem physically and mentally happier, less stressed and healthier with the portalized kennels. Because the cats are fast-tracked, healthier and happier, they have a reduced length of stay, which benefits all of the shelter animals.

**What are the next challenges that you feel you will face in implementing Capacity for Care?**

To run the Shelter-Neuter-Return program in 2015. Public education regarding the theory behind returning these stray cats to the neighbourhoods in which they were found will be critical to the success of this program.

We have informally begun a Working Cat program and have adopted several cats to barns since June 2014. We have created adoption forms specific for the Working Cat program. The funds ear-marked for the PEI Humane Society spay/neuter surgeries for barn cats will be a tremendous help to boost this program in 2015.

**What worked? What did not work? What do you think were the most important elements implemented?**

**WHAT WORKED:**

- Portalizing kennels for happier and healthier cats.
- Fast-tracking the cats from intake to the treatment room for medical and behavioural evaluations and to the adoption floor in the same day.
- Completing all vaccinations, micro-chipping and de-worming as soon as possible.
- Changing treatment protocols including: Baycox treatment for Coccidia, discontinued Lysine and a new protocol for URI treatment.
- Scheduling intake appointments for stray cats and kittens to help manage the shelter's cat population.
- Shorter adoption applications (from five to two pages).
- Shorter adoption bios (from 1-2 paragraphs to 1-3 sentences).
- A fast-track scoring sheet customized for our shelter has been helpful.
- Managing the shelter's cat population so that crowding is not an issue.

**WHAT DIDN'T WORK:**

- Fast-tracking too many cats at once. Staff in the Treatment Room could not input the information into Pet Point quickly enough to process all of the cats. Cats waited in carriers in the Treatment Room to be processed because we wanted to process them from intake to the adoption floor in one day.
- Neutering cats within 24 hours of intake did not work because the cats didn't recover well after surgery.

- Spaying cats less than two pounds didn't work well either. In general, these cats did not recover well after surgery either.
- Reducing the adoption fees for cats that were not being adopted did help to get them adopted, but the financial impact on a non-profit shelter is difficult to determine.

THE MOST IMPORTANT ELEMENTS IMPLEMENTED:

- Fast-tracking cats in one day to the adoption floor.
- Using the new URI protocols.
- Shorter adoption applications.
- Portalized kennels.
- Tracking our shelter statistics to help manage the intakes and shelter cat population.
- Supply and Demand: it does seem that when we have fewer cats on the adoption floor, the public is more apt to adopt them faster than if the shelter was crowded with cats on the adoption floor.

**What lessons learned would you contribute to a case study for other shelters who are interested in participating in the Capacity for Care program?**

Once you get the C4C information, take a step back, reflect and organize your thoughts around your own shelter's capabilities and resources. Next, work with staff and change things slowly, one step at a time, so that the change is manageable. Ensure that everyone in the shelter is in the loop; communication is the key to success.

Removing tight restrictions on adoptions, such as twenty-four-hour holds and making everyone in the family meet the animal. We now have same-day adoptions, and that has worked out well.

Controlling the cat intake and managing the cat population in the shelter is of utmost importance. The C4C program will not be successful if we do not adhere to our projected intake and adoption statistics every month.

Book appointments for the intake of stray cats to help manage the intake of cats and not overwhelm the fast-tracking process and shelter staff.

Overall, the Capacity for Care model has been extremely successful at the PEI Humane Society. The program has enabled us to manage our cat population more efficiently, our cats are happier and healthier, the cats' length of stay has decreased and the staff agrees that we are "working smarter".

Twelve months after rolling out Capacity for Care in their shelter, PEI Humane Society staff members reflected on the results. They explained that, even if some of their statistics did not appear to have changed radically after applying C4C, the feeling at the shelter is far more comfortable and healthy. Through managing intake and length of stay, the population is much better managed, which has made a tremendous difference in the health of the cats and, therefore, the feeling in the shelter. Even though similar numbers of animals are coming in and being adopted out, there are now empty cages at times. The staff feels comfortable that the right euthanasia decisions are being made. In addition, cats are not coming in healthy and then getting sick. Individual medical cases can be better managed.

Furthermore, PEI Humane Society staff members indicated that there have been other areas of improvement: it is not only much easier on the shelter staff, but also on the relationships with other groups in the community. For example, a local spay/neuter group now sees that its efforts are having a better effect. Witnessing the differences at the shelter and in the community has promoted community groups working more closely together. Notably, PEI Humane Society staff members feel they are serving more cats overall, since they are helping in ways other than sheltering.

# Kitchener-Waterloo Humane Society (KWHS)

Kitchener-Waterloo Humane Society started putting in place some of the C4C principles right away: in particular, working with the concept of ideal capacity. Waiting lists and alternate solutions to relinquishment, including a behaviour help line, were already in place in 2014. The use of curtailments was implemented immediately and resulted in calmer cats. They are believed to have contributed to the low upper respiratory infection (URI) rate. A “TLC” program for cats that are scared, stressed and under-socialized was created to provide social and environmental enrichment and consistent handlers to facilitate the cats’ adjustment to their surroundings and to promote mental well-being.

Kitchener-Waterloo Humane Society collected data regarding the cats in their care before and after implementing C4C (Figure 4). The two periods correspond to July 2014 to June 2015 and July 2015 to June 2016.

**Figure 4.** Comparison of key animal statistics before and after implementing C4C at Kitchener-Waterloo Humane Society.

	Before C4C	After C4C	Difference
Number of cats in shelter*	145	61	- 58%
Intake	197	144	- 27%
Number of cats in sick bay	13	2	- 87%
Adoption	151	111	- 26%
Euthanasia	24	19	- 21%
Length of stay (days)	30.9	10.0	- 68%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

The data from Kitchener-Waterloo Humane Society show sizeable decreases in the number of cats in the shelter, the number of sick animals and the length of stay, as well as a good decrease in the euthanasia rate.

After the first six months of implementing C4C, staff from Kitchener-Waterloo Humane Society said the following:

## **What were your biggest concerns before implementing Capacity for Care?**

We didn’t think of them as concerns – they were more like expectations. We had decided we were going to do whatever it took to implement C4C and were fully committed to the process. We were hesitant to hope that it would be successful.

## **How did that work out?**

It’s one of the best things we’ve ever done here! It had the biggest impact we have seen in such a short time with the best results. We definitely didn’t expect to see results as soon as we did. We expected to see some changes over a two-year period, not within months. An 82% decrease in URI, 32% decrease in intake and \$40,000 in labour costs savings are huge and were realized that summer.

## **What surprised you about implementing Capacity for Care?**

The immediate return on our efforts. We noticed changes almost immediately in our intake numbers and reduced illness. It was amazing to see and made everything worth it. Our experiences over the last 25 years made us skeptical that intake would slow, especially considering we were responsible for animal control. We had also struggled to control URI throughout the year.

## **What costs were associated with implementing Capacity for Care in your shelter? Have you seen any savings?**

There were no costs, thanks to the grant! Portals cost about \$50 each. Many of the C4C changes involved changing our communication strategies with the public.

An 84% decrease in URI meant the savings on medication were considerable. We have also saved almost \$40,000 in labour costs due to the decrease in intake numbers.

### **What has the public response been to Capacity for Care so far? The internal response? The cats' response?**

The response of the public is very positive. When receiving calls for stray cats, we advise the public to leave the cats alone if they appear healthy, as they are 13 times more likely to go home than if they are brought to the shelter.

Internally, the staff has never been happier. They enjoy what they do because many of the stresses (such as overpopulation) no longer exist in the shelter.

Cats are happier and healthier! Fewer cats in the shelter equal less stress, and there are many fewer upper respiratory infections.

### **What are the next challenges that you feel you will face in implementing Capacity for Care?**

Return-to-Field and Barn Cat programs. These continue to be a challenge and we are struggling with how to make these viable programs.

The Return-to-Field is a challenge due to current bylaws that do not allow cats to run free. As we are also the enforcement agency, this approach poses difficulties. We have been asking the person dropping off the free-roaming cat whether they would feel comfortable picking it back up after spay/neuter surgery and returning it where they found it. There has been some positive response and assistance, but not as much as we had hoped. Our intention is to work with the City on bylaws that will make Return-to-Field easier and more effective.

The Barn Cat program has not had much success. Some discussion with farmers indicated they already have too many cats due to cats being abandoned in rural areas. The farmers are also not concerned about spay/neuter and vaccination.

Another next step is to look at dogs. Dogs have never been an issue in terms of overpopulation. However, they do deserve our attention in terms of their length of stay, etc. This is our goal for 2016.

### **What worked? What did not work? What do you think were the most important elements implemented?**

#### **WHAT WORKED:**

Changing our communication with the public. Advising the public to leave healthy cats alone and partnering with an area rescue organization, K-W Community Cats. We refer the public to their organization to talk about outdoor cats that need spay/neuter, and they arrange to have the cat fixed in our TNR program, which is sponsored by a donor. The portals were also successful in lowering our URI rate.

#### **WHAT DIDN'T WORK:**

Only one element did not work: opening the adoption area to public traffic without staff supervision. This resulted in numerous cat scratches and bites that required the cat to be quarantined for 10 days, as per health department procedures. This severely affected the length of stay.

#### **THE MOST IMPORTANT ELEMENTS IMPLEMENTED:**

The most important element was communication with the public: we decided right away this had to change. We didn't anticipate what a huge difference it would make for intake, but have been very pleasantly surprised at the outcome. We put some of the onus on the public, as they are a big factor in how many cats came to the shelter with regard to stray drop-off and owner relinquishment.

The public has been fantastic. The City has not been receiving complaints. We expected more pushback from the people who wanted us to take in a stray cat. We thought they would argue more, but they were surprisingly understanding and willing to take our advice.

This approach resulted in a 34% decrease in intake numbers, which has alleviated the cat overpopulation we typically see in the summer months. It also resulted in lower labour costs and less stress on staff.

**What lessons learned would you contribute to a case study for other shelters who are interested in participating in the Capacity for Care program?**

We would say you have to have an “all in” mentality. You have to fully commit to all aspects of the C4C recommendations. You will never achieve significant results if you do not give it your all.

A year after implementing C4C, Kitchener-Waterloo Humane Society staff reported they continue to enjoy summers with much lower intake numbers. They are happy to say this is now the norm!

# Montreal SPCA

Montreal SPCA collected data regarding the cats in their care before and after implementing C4C (Figure 5). The two periods correspond to May 2015 to April 2016 and May 2016 to April 2017.

**Figure 5.** Comparison of key animal statistics before and after implementing C4C at Montreal SPCA.

	Before C4C	After C4C	Difference
Number of cats in shelter*	107	112	+ 5%
Intake	668	606	- 9%
Number of sick cats	50	35	- 30%
Adoption	334	315	- 6%
Euthanasia	171	132	- 23%
Length of stay (days)	14.1	12.8	- 9%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

Over the course of the year of implementing C4C, the greatest changes Montreal SPCA experienced were strong decreases in the number of sick cats and in the number of cats euthanized. The length of stay decreased as well, but it was already relatively short prior to putting into place C4C practices.

After the first six months of implementing C4C, staff from Montreal SPCA said the following:

### **What were the biggest concerns and challenges before implementing Capacity for Care?**

The biggest concern was reducing the capacity of the shelter by half. The immediate thought was that we would be forced to euthanize more cats during the summer months because of lack of space.

The second biggest concern was the reaction of the public when implementing managed intake, as Montrealers have been used to coming to the SPCA to resolve their problems through shelter intake.

### **How did that work out?**

The numbers showed us that we were able to reduce our length of stay, reduce our intake and reduce euthanasia, all at the same time.

### **What has the public response been to Capacity for Care so far? The internal response? The cats' response?**

The public response is very positive, as we give them tools and solutions to help them keep their cats at home. We haven't been able to fully implement the managed intake due to our municipal contracts.

The internal response is very positive, as employees and volunteers see that cats have a shorter stay at the shelter because they get adopted faster. Employees see that the euthanasia rate for cats is lower and that cats look more comfortable in the bigger cages.

We have fewer URI cases in the shelter.

### **What are the next challenges that you feel you will face in implementing Capacity for Care?**

Managed intake, improving our fast-tracking methods and implementing Return-to-Field.

### **What worked? What did not work? What do you think were the most important elements implemented?**

The portals work very well. Cats are much more comfortable during their stay at the shelter.

Trying to implement everything at once without putting in more resources did not work.

THE MOST IMPORTANT ELEMENTS IMPLEMENTED:

- Spaying/neutering animals before moving them to adoptions.
- The use of portals.
- Moving our cat adoption room to a bigger and nicer renovated place where most of the cages are large six-unit portalized condos.
- Fast-tracking animals: cats with higher chances of being adopted are put up for adoption faster.
- Helping people on the phone and sending them protocols to resolve the problems with their cats so they do not relinquish them.

**What lessons learned would you contribute to a case study for other shelters who are interested in participating in the Capacity for Care program?**

Communication is the key; people need to be involved at every step.

Introducing some elements in a stepwise approach was important, rather than introducing everything at the same time. For example:

- We started at the beginning of January to let the community know our new, shorter opening hours.
- At the same time, we started asking callers why they want to surrender their animals, and we sent protocols for common issues, as well as tips on rehoming, so that callers could resolve their issues themselves before coming to our shelter. We are trying not to be the default, easy solution.
- We installed the portals in February.
- In the spring, we did a Return-to-Field pilot with the one municipality that agreed to the program.
- In spring, we also met with the City to discuss changing the stray hold period from 72 hours, as stipulated in the bylaws, to 24 hours.

# Edmonton Humane Society (EHS)

Edmonton Humane Society collected data regarding the cats in their care before and after implementing C4C (Figure 6). The two periods correspond to November 2015 to October 2016 and November 2016 to October 2017.

**Figure 6.** Comparison of key animal statistics before and after implementing C4C at Edmonton Humane Society.

	Before C4C	After C4C	Difference
Number of cats in shelter*	244	185	-24%
Intake	483	354	-27%
Indicator of number of sick cats†	2.9	1.6	-46%
Adoption	352	281	-20%
Euthanasia	68	30	-55%
Length of stay (days)	36.2	34.3	-5%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

† the number of bottles of doxycycline ordered by the shelter was used as an indicator of the number of sick cats in the shelter

After putting in place the Capacity for Care recommendations, Edmonton Humane Society observed strong decreases in the number of sick cats and in the number of cats euthanized, decreases in intake, number of cats in the shelter and adoptions, and a slightly shorter length of stay.

After the first six months of implementing C4C, staff from Edmonton Humane Society said the following:

## **What were your biggest concerns before implementing Capacity for Care? How did that work out?**

Our two biggest concerns before implementing C4C were (1) not being able to get the number of cats in care down to match the recommended number, based on the calculated capacity for care, and (2) how clients would react. These continue to be challenges, and we suspect they will be a work in progress for a number of years to come.

## **What surprised you about implementing Capacity for Care?**

We were most surprised by the effect of people not bringing in healthy strays. It made a huge impact on the number of animals in care.

It was also surprising just how much better care we are able to provide for the cats in our care due to the reduced numbers in the shelter.

## **What costs were associated with implementing Capacity for Care in your shelter? Have you seen any savings?**

We are still measuring what cost savings we have realized, but efficiencies have been created in wages, cleaning supplies, animal supplies and staff time.

## **What has the public response been to Capacity for Care so far? The internal response? The cats' response?**

EXTERNAL RESPONSE:

Unfortunately, we have had a lot of pushback from members of the public not understanding that we don't have the capacity to take more animals when they see some empty kennels. Once we engage with them and discuss the situation, about half seem to understand while the other half are still resistant.

Initially, the public did not respond well to recommendations to leave healthy strays where they were, although as we moved into summer, people were more accepting of alternatives to intake for healthy strays.



The "Kittensbury, London" kitten chalet at Edmonton Humane Society.

Also, people have not been receptive to booking appointments for intake and often are unhappy to learn there is a waiting period before they can surrender their cat. That said, when we call the week before to confirm their appointment, many people have found alternatives.

#### INTERNAL RESPONSE:

The staff response has been very positive. Occasionally, staff members have expressed concerns, but once they understand the benefits, they are comfortable with the approach.

Before C4C, we had tried everything. More staff, less staff, different scheduling, more space for the cats, less space, different enrichment. Nothing was working, and you could see it wearing on the staff members' faces on a regular basis. In the summer months, you could see staff members walking around looking emotionally drained. The compassion fatigue was starting to take over. For years, EHS had not been able to retain the required number of staff members for long periods of time because it was so emotionally draining seeing healthy cats come in and get sick, waiting too long to get a forever home.

Now, staff turnover is down. Staff members are much less stressed, as they have the time and are able to provide cats with the care needed. The best part is being able to see the team members enjoy their jobs again.

#### CATS' RESPONSE:

The cats' response has been the most telling, as overall they seem to be happier.

Right before the implementation of C4C, EHS was basically at capacity and you could see it in the cats: they were stressed, they were sick and they weren't in any condition to be adopted.

The length of stay for the cats has now decreased dramatically. The cats available for adoption look healthier, they feel happier and they're adopted much sooner. As well, the URI wards are currently down to only a few cats, whereas previously they were completely full, and we had no room to house additional sick cats in them.

Most cats are getting adopted quickly, including those who might not have previously, because there are fewer cats to choose from.

#### **What are the next challenges that you feel you will face in implementing Capacity for Care?**

As we move into kitten season, the next big challenge is making sure we maintain our numbers where they are supposed to be. Related to that is keeping the balance between having too many and not enough cats, as we have obligations to provide adoptable cats to our pet store partners. If we do not keep our pet



"Barn Buddies" area at Edmonton Humane Society, where cats in barn cat or alternative adoption programs are housed until their placement.

stores full, they look to other partners, and we lose the option to have these adoption spaces. These spaces are vital to us maintaining C4C because they greatly boost our adoption capacity and flow. The pet stores also provide us with sponsorship at events, as well as a significant amount of grant money, and we are required to be an adoption partner to access these funds.

**What worked? What did not work? What do you think were the most important elements implemented?**

Admission by appointment was very effective in reducing numbers. We used our historic intake numbers to guide us in setting out the maximum number of admission appointments, and it is important to ensure staff members don't over-book.

Not accepting healthy strays has also been critical to keeping our capacity for care number, and it was important to stick to that approach despite public resistance.

**What lessons learned would you contribute to a case study for other shelters who are interested in participating in the Capacity for Care program?**

The most important lesson we have learned so far is to stick with it. There are challenges along the way – it wasn't easy at times – but it is important to completely buy in. It's worth it, and the benefits are seen right away.

I hope that, if C4C is implemented in other shelters, it can be as positive as what we've seen. It's become so easy for us to strategically plan better. We can better manage our intake and outcomes, our surgery schedules are well-adjusted, we're not just completely concerned with the influx of cats at certain times of the year. We still have a lot of work to do with respect to polishing protocols and adopting out animals faster, but now that we are at the recommended number, we are able to see a light at the end of the tunnel.

A year after implementing C4C, Edmonton Humane Society summarized their experiences to date:

"The past year has seen many positive changes at the Edmonton Humane Society. Evolving the shelter mindset both internally and externally has been challenging, but the hard work has certainly been rewarding. Our animals are healthier and less stressed, and our staff is happier and feel like they are accomplishing more each day."

# Calgary Humane Society (CHS)

Calgary Humane Society collected data regarding the cats in their care before and after implementing C4C (Figure 7). The two periods correspond to November 2015 to October 2016 and November 2016 to October 2017.

**Figure 7.** Comparison of key animal statistics before and after implementing C4C at Calgary Humane Society.

	Before C4C	After C4C	Difference
Number of cats in shelter*	293	216	-26%
Intake	286	229	-20%
Number of sick cats	133	77	-42%
Adoption	193	161	-17%
Euthanasia	63	34	-46%
Length of stay (days)	20.7	13.0	-37%

\* all statistics are monthly averages for a 12-month period before or after implementing C4C, respectively

After putting in place the Capacity for Care recommendations, Calgary Humane Society experienced strong decreases in the number of sick cats and the number of cats euthanized, as well as decreases in the other four indicators in Figure 7.

After the first six months of implementing C4C, staff from Calgary Humane Society said the following:

**What were your biggest concerns before implementing Capacity for Care? How did that work out?**

**FACILITY DESIGN:** CHS' current shelter was built in 2006 as a state-of-the-art building. However, the overall design of the building is not conducive to modification, so management was uncertain if the needed changes would be possible. There was concern that a complete facility relocation might be required to improve the quality of life of the animals. The UC Davis team provided a proposal for a modified space that could be implemented if the desire existed. However, they also recommended small changes, such as installing portals in kennels, re-purposing rooms to create a better flow, and adding flexible kennel spaces that could be modified to meet specific needs, all of which could be made while planning for the larger renovation. We were able to achieve significant improvements despite facility limitations by implementing these changes, and operations were not significantly impacted. We have seen a remarkable decrease in stress-related illnesses in our cat population. One of the great things about the C4C project is that positive changes can be made to improve flow despite budgetary constraints and physical limitations and restrictions. We quickly learned it did not have to be "all or nothing" to make significant improvements.

**PROTECTION CASES:** Mass seizures for animal protection cases are a primary reason the shelter is often over capacity. We were concerned about how we would be able to implement Capacity for Care and reduce the shelter population when these mass seizures continue to be a reality. The team from UC Davis reiterated that Capacity for Care does not have to be "all or none", and their recommendation was that we operate within our capacity for care, setting aside space for the protection cases. When a large case comes in, we work diligently to get back to the capacity for care number as quickly as possible. The team reminded us there would be ebbs and flows, and when the flow of animals from one tap is high, we work to shut off the other taps.

Now, when we are aware that a large seizure is coming in, we reach out to our foster families, the City of Calgary and other rescue groups for space to accommodate these animals, with the goal of staying within our capacity for care and not disrupting the normal animal flow through the shelter. During our most recent case over the spring, there was a point where 47% of our population was in foster care, which is tremendous for Calgary Humane Society. We are seeing record numbers of animals in foster care, and this is due to the recommendations made by the UC Davis team to reduce requirements for those wishing to become foster parents.

**RETURN-TO-FIELD/TRAP-NEUTER-RETURN:** The City of Calgary informed us that, given the current city



Exploring a new portalized Feline Flat kennel at Calgary Humane Society.

bylaw and provincial law, Return-to-Field and TNR would not be possible. Furthermore, there was absolutely no appetite for letting cats wander the city due to the licensing component of the bylaw, which requires cats to be contained or on leash when outside. So we were worried that we may not have been able to see the results other organizations had achieved.

Despite the City not fully supporting this initiative, Calgary Humane Society created communication pieces designed to educate the community around when a cat (or rabbit) actually needs to be brought to the Humane Society. An infographic was created and shared on social media, as well as in our newsletter. Scripts were created for Admissions and Call Centre staff to inform people when cats and rabbits should be brought to the shelter and when they should be left where they are.

**OPEN ADMISSION VS. MANAGED ADMISSION:** Another C4C initiative our stakeholders struggled with is the concept of managed admissions. For example, historically, our stakeholders had been very proud that we were an “open admissions” facility and did not turn any animals away regardless of species, age, illness, etc. We were concerned they might not support the change to managed admissions.

In the end, we were able to establish trust in the staff to determine when an animal is truly in need of shelter support. We also worked very hard to demonstrate the type of support we would offer to pet owners contemplating surrender, including finding other options. We were therefore able to convince stakeholders to give us the flexibility to try the managed admissions approach, carefully monitoring the feedback we received from the community.

### **What surprised you about implementing Capacity for Care?**

**ON-SITE VISIT:** As we went through the initial site evaluation, we were very surprised with how quickly the team from UC Davis was able to go through our processes, procedures and facility to accurately articulate where our bottlenecks in animal flow existed. Through their questioning and challenging staff members on current operations, we were able to clearly see we had created heavy-handed policies as a reaction to a situation rather than dealing with these isolated incidents as just that – one-time occurrences. We had not empowered staff members to deal with difficult decisions and be effective in managing these situations; we had, instead, implemented policies to tell them how to do it. It was impacting morale and, worse, it was impacting the flow of animals through the shelter. We had aggravated a problem, rather than solved it.

**FINAL RECOMMENDATION REPORT:** Once we realized where our bottlenecks were, we were equally surprised at how quickly some of the recommendations could be implemented and how quickly we saw results. We therefore classified all the recommendations according to date of implementation, as follows:

- Immediately
- Within 30 days
- Within six months
- Within one year
- Long term

By tackling recommendations that could be implemented immediately and within 30 days, we were able to see progress quickly, which kept staff members motivated and on-task. We were amazed with just how easy and incredibly effective these changes were. We saw positive change in very little time. The recommendations were simple and made complete sense, leaving us wondering why we had been doing things the way we had.

**COMMUNITY FEEDBACK ON CHANGES:** In preparation for implementing managed admissions and finding alternatives to intake, we prepared scripts for staff to be able to address the many questions and complaints we felt this change would generate. The Admissions team was pleasantly surprised there were minimal questions, and most people understood and were willing to keep their pet until space became available. In addition, when owners were called to come in for their appointment many had opted to keep their pet or had found alternative arrangements for the animal with a friend or family member. It became evident to staff that sometimes owners made the decision to surrender “in the heat of the moment” and, given a few weeks to think about it, they made different decisions.

**INSTALLING PORTALS:** We were provided with a demonstration of how to properly install portals into cat kennels by the UC Davis team. We felt this was something we could easily do and proceeded with the plan for installation, attempting the first few. We were surprised that it was much more time consuming and difficult than we had anticipated. We ended up contracting someone to do this for us. In hindsight, we should have done this right from the start but were attempting to save the installation costs. If other shelters are considering installing portals, we would recommend getting someone to help with this, whether a volunteer with carpentry skills or a contractor, to ensure it is done right.

Once the portals were installed, we were amazed at how quickly we saw improvement in the cats’ overall well-being. Stress-related illnesses, such as URI, dropped and staff members indicated the cats seemed livelier, with less scratching and biting. We did not anticipate seeing such an improvement so quickly and were thrilled we had proceeded with the portals.

**STAYING WITHIN OUR CAPACITY FOR CARE:** All staff questioned whether we would be able to stay within our capacity for a longer period of time. We were very surprised that we were able to stay within our capacity for care numbers for the first five months. It was fantastic to see the length of stay decrease to levels below 14 days, which was accomplished through minor modifications in our processes that were not difficult to implement. The following two months were a challenge for us, and we relied heavily on the foster program to help us try to maintain our numbers; however, we were not successful in staying within the capacity for care number. We reminded staff of the advice we received to deal with seizures separately and continue striving for normal flow with the general population. We have attempted to do this and believe we have done well. It has improved the overall morale of staff and proved to our stakeholders that the Capacity for Care concepts work.

**What costs were associated with implementing Capacity for Care in your shelter? Have you seen any savings?**

We have made significant investments in purchasing and installing portals, purchasing kennels that can be arranged flexibly according to our needs, and renovating some shelter space, as well as making improvements to our Wi-Fi equipment. Some cost savings have been achieved in food and litter, due to having fewer cats in the shelter; although, to date, these are much less than what has been invested.

**What has the public response been to Capacity for Care so far? The internal response? The cats’ response?**

**INTERNAL RESPONSE:**

The response to the overall concept of Capacity for Care was initially very positive, and staff members were incredibly enthusiastic about a project that would reduce the number of animals in shelter, improve the care of animals while in shelter and increase positive outcomes for animals.

The main concern around the C4C project was that it wasn’t going to be possible given we are an open-

admission shelter with enforcement responsibilities. We asked staff to:

- Keep an open mind
- Forget any preconceived ideas
- Be open to change
- Offer feedback and expertise to the rest of the team

Our staff and volunteers agreed to do this and were cautiously optimistic that this project would result in the change we wanted to see. They definitely had hesitations!

Once recommendations were provided and we had a good understanding of where efficiencies could be created, processes streamlined and improvements made, we began to create the action plan to move forward. It was difficult to get staff to embrace the change without overthinking things. A good example of a recommendation that was easy to make but difficult for staff to implement is sanitation protocols and spot cleaning dog and cat kennels.

Management's strategy in dealing with hesitation was to implement a gradual introduction to the recommendations based on the estimated timeline for implemented changes. The staff tackled the immediate and under-30 day recommendations, and a weekly meeting was scheduled to review all immediate changes. The purpose of the meeting was to troubleshoot, ask questions and highlight areas of concern or potential roadblocks. Once this discussion was concluded, changes were implemented immediately. The meeting was followed by an all-staff email (that was also posted on staff bulletin boards, in lunch rooms and common areas) to provide everyone with a description of the process that had changed, along with any questions and concerns that had been raised and how they were addressed.

Once recommendations were adopted, leaders of each department were asked to obtain feedback from the staff on how it was working and report back with any issues or unexpected problems. Surprisingly, there were few concerns brought forth, and most recommendations were fully embraced by the team. It was surprisingly seamless.

We included a section on Capacity for Care in our annual Employee Engagement Survey and, overall, this section scored incredibly well, being the second highest scoring category of the survey after "Belief in the mission and purpose of the organization". It is evident that staff members are happy with the Capacity for Care program, delighted with the overall results and very glad they took the leap of faith.

#### PUBLIC RESPONSE:

The response from external stakeholders has been equally surprising. There was little to no negative feedback when admission hours were modified and we moved to managed admissions. Owners understood the need to make appointments in order to get the best care they could for their pets.

The changes to the adoption process and the foster parent recruitment have been welcomed by all. Prior to C4C, we had been receiving negative feedback from the Adoptions team on the long wait times and the difficulty people had adopting animals from us. We very publicly stated we were going to make things easier and actually make the process fun! This has been very well received by both our adopters and our staff.

At our Annual Donor Appreciation Night and Annual General Meeting, we went into great detail about the Capacity for Care program and presented the results achieved to date. Staff members were present to answer questions and discuss the changes, as well as how it has impacted them specifically in their departments. Feedback from attendees was positive, with one person commenting they had been to many of these events before and had never seen the staff so passionate and excited to talk about their work. This program has changed the overall tone within the building and has not only helped our animals, but has also positively impacted the CHS team.

#### CATS' RESPONSE:

It is evident from the shelter data that the Capacity for Care program has been wonderful for our cats. We have decreased euthanasia and increased the proportion of animals taken in who are adopted. As well, instances of upper respiratory infection in our cat population are dramatically reduced. Our Adoption team members have indicated that cats housed in Feline Flats (with the portalized kennels) appear happier. They are more active, with the ability to jump to different levels, making a choice to perch at the top or hide down below. They are less prone to react to other cats, which is not only good for their mental

health but is also good for the safety of our staff and those interacting with the cats.

### **What are the next challenges that you feel you will face in implementing Capacity for Care?**

Calgary Humane Society has taken some really positive strides in implementing the C4C initiatives; however, there is still much work to do. It is important to keep the team focused on this project and motivated to see it through to the end. Once we are past the stage where there are quick recommendations to implement, we must be proactive in keeping this project top of mind for all involved so they remain committed to success.

As this process has evolved, we can clearly see where our bottlenecks are and much of these are occurring around the surgery schedule, health team and animal flow. The priority of the Senior Manager of Animal Health and Wellness over 2017 and into 2018 is to develop a plan for the proper pathway planning of each animal. As well, an Animal Flow Specialist will be hired to identify bottlenecks and come up with creative strategies to improve processes and flow. This will mean some significant changes for a team that is well-established and will also entail engaging the vet community and other stakeholders.

The recommendations surrounding housing will be a challenge over the next few years, as many involve a complete renovation of our existing housing spaces, particularly in our adoption area. This is a very large-scale project, so it will definitely challenge a team that is already spread very thin.

The Return-to-Field recommendations have been set aside and will be tackled over the very long term. Currently, the bylaw makes some of these recommendations untenable. We will have to get creative and find a way to implement these; however, they will be a definite challenge.

### **What worked? What did not work? What do you think were the most important elements implemented?**

#### **WHAT WORKED:**

- Managed admissions – the change of operating hours and the waiting lists.
- Foster program – the elimination of barriers.
- Creation of the Barn Cat program.
- “Coming Soon” animals.
- Planned/scheduled adoption events.
- Eliminating adoption restrictions and requirements.
- Change in sanitation protocols – spot cleaning.
- Fast-tracking animals with no red flags or concerns.
- Communication plan and creation of messages for the community.
- Discontinuing behaviour evaluations on all dogs and allowing Admissions staff to gather relevant information.
- Reassigning cat holding rooms.
- Instant foster program – with minor hiccups.
- Staff and foster parent wiki.
- Sharing foster stories on social media.
- Renovations to bunny room.
- Installing portals in cat kennels.
- Wi-Fi Improvements.

#### **WHAT DIDN'T WORK:**

- Leaving doors unlocked in the Kitty Kabin communal housing areas, where larger cats and groups of cats live and where potential adopters may enter and interact with the cats.
- Not having staff members present when potential adopters open up Feline Flat kennels to interact with the cats.
- Cats were escaping from their rooms, and because our building has a very open concept, there was the possibility of cats entering into the dog area and putting themselves at risk. We now have a volunteer stationed in each of these areas to assist with visits to ensure cats are kept safe.
- We also struggled with keeping housing spaces reserved for animals seized in cases of animal cruelty or abuse. Unfortunately, we had two very large seizures, so additional housing spaces were taken over by these seized animals. This is something that will continue to challenge us.

### **What lessons learned would you contribute to a case study for other shelters who are interested**

### **in participating in the Capacity for Care program?**

The best suggestion I could make for a shelter wanting to take on the Capacity for Care project would be very simply – just do it! Try not to overthink it, and jump in with both feet. The UC Davis team’s recommendations are attainable and realistic, with consideration given to budgetary constraints and available resources. It does not have to be “all or none”. Significant results can be seen with minor modifications.

I would also recommend communicating with staff, volunteers and other stakeholders early in the process and continuing to do so throughout the process, offering constant opportunity for them to provide feedback. This will keep your team focused and motivated to keep working on achieving the end goal. Involve all parties in the preliminary informational sessions so questions can be asked and addressed early on. It will make people feel like their opinions were heard and taken into consideration, which will lead to buy-in later on. A good communication plan is key!

Document your progress and take pictures and videos of the work you have done and of the animals enjoying their new spaces (if applicable). This will serve as a good reminder later on of just how far you have come from the start and also allow you to clearly speak about the project to your donors and other supporters in the community.

One year after implementing C4C, Calgary Humane Society staff spoke about some of their current challenges and concerns and had this to share:

“The greatest challenge we faced was managing the seizures from animal cruelty and abuse cases, which did not seem to stop coming in over the course of the year. It was very interesting for the staff to witness that, during these times of high intake, C4C works and, as soon as you deviate from the goal, the well-being of animals suffers.. When we began to get full, we were forced to temporarily close portals and, almost immediately, we started to see illness and behaviour concerns rise significantly. We saw an increase in bites to our staff and volunteers, and overall morale deteriorated. So it was imperative to work hard to open portals, and we relied heavily on our foster parents for this. We fostered close to double the number of animals in the current year versus the prior year and have recognized the need to grow this program if we are to be successful.

In August and September 2017, we met with the architect to begin the plan of renovating our building in order to create animal living spaces that are in line with ASV guidelines and to incorporate some of the recommendations of the UC Davis team. CHS acknowledges the cost of this renovation will be significant. However, it is very important to our key stakeholders that CHS be able to offer the very best of care to our animals. We have seen that implementing the C4C recommendations created very positive outcomes both for animals in our care and our staff and, thus far, the costs have been minor in comparison to the return on investment.”