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Advancement

How can we ensure that every animal's needs are met at a time when so many shelters are reporting unmanageable overcrowding? In their Network Live session this past November, Kim Alboum, Sarah Hicks, DVM, Nancy McKenney, CAWA, and Michael Robbins rated the state of Capacity for Care.

Capacity for Care (C4C)

Key Findings

Observations, patterns, emerging trends

While each individual shelter will have their own C4C—based on a variety of determining factors, including financial resources, and housing and operations space—the clinical signs of operating beyond C4C are similar. "These include staff stress, inadequate housing, and an increase in shelter disease," observes Dr. Hicks.

Notes Alboum, "These shelters are functioning at a crisis level."

Patterns & emerging trends:
- Shelters regularly operating over capacity, which can quickly turn into an emergency
- Rescues and other groups pulling from shelters, even though they do not have foster homes available
- Failed rescues pulling from shelters beyond capacity, and then themselves becoming overwhelmed and slipping into neglect and cruelty
- Most serious issues occur when there is no urgency surrounding moving animals through the system
- C4C and Length of Stay (LOS) interconnected. Says Hicks: "Having animals with long LOS ensures you will struggle with C4C."

What's Working Well

Organizations operating within their C4C experience:

- fewer sick animals
- increased adoption numbers
- ability to care for more animals
- less frequent decision paralysis

Organizations report two key actions that support Capacity for Care:

- Daily monitoring of individual animals allows staff to stay on top of which way that animal is trending and best address their needs
- Population rounds allow the team to make pathway planning decisions and begin to recognize the "tipping point"

Success story:

Marin Humane adopted UC Davis' C4C model in 2019, which ultimately enabled them to get more animals on the adoption floor and brought their team together in support of a shared goal. Changes implemented included the addition of portals, allowing strays to be seen during the hold period, and sharing plans and progress with staff, board, and volunteers. Today, 40 percent of Marin Humane's intake goes through foster homes.

Challenges, obstacles, pain points

Obstacles & pain points

- Pressure to not humanely euthanize animals who are suffering in order to maintain a certain status.

- "I'm seeing an industry-wide issue," reports Alboum, "where many believe that hanging on to a pet in terrible conditions—for example, where an extremely dog-aggressive dog is kept in a shelter for a year—is the best outcome for that pet."

- "We now know that animals are not going to get better or learn in a shelter environment," says Dr. Hicks. "Continuing to think that they are going to get better is a false belief system."

- "We create self-perpetuating systems when we operate over C4C," adds Hicks. "Doing so will ensure that you continue to have too many animals in your care, and that they will become sick and experience behavioral concerns."

Challenges

- Waiting even a day or two to vaccinate animals new to the population. "There are vaccines we know that start to be efficacious within minutes!" says Hicks. "We can mitigate disease, but NOT if vaccines are given two days in."

- Operating over capacity makes it hard to best present animals to adopters. "Imagine you are an adopter walking into a shelter, and every kennel is overfilled, with three dogs twirling and barking?" says Alboum. "What kind of adoption environment is that? Are we really giving them the best chance?"

- Communicating to staff who are concerned when leadership manages intake. "Transparency is key," says Hicks, "and taking time to explain that not all animals' needs are the same. While you might only have capacity for 20 animals, it's because ten of them are level three, and might need a significant more amount of care and resources."

Recommendations and Next Steps

Suggestions for addressing issues, optimizing strategies & improving outcomes

- A POPULATION RE-SET is vital. "You can do a lot surrounding intake and outcomes," says Hicks, "but if you don't get your C4C where it needs to be, you'll quickly be back over capacity."

- Be transparent when making necessary changes to establish C4C. Explain that change is hard, and walk through each one, urges Hicks, "not just posting it Monday on the corkboard."

- Make incremental changes. Start with "that one string to pull" that will result in dramatic change pretty quickly, or select one that is not hard to implement—such as eliminating landlord checks or opening up a few hours on a Sunday.

- Consider foster care as part of your shelter programming. Adds McKenney, "While C4C doesn't take into account your animals in foster, at some point those animals will come back. We look at it as part of flow."

- Follow Marin Humane's lead and enlist in a program like UC Davis Koret Shelter Medicine Program's C4C Boot Camp. McKenney shares that this game-changer involved "regular meetings, homework and videos, just for six weeks."

- Understand that your organization may need to undergo a shift in philosophy. It can be hard for staff to understand that you don't need to have single cage filled at all times. C4C is not just about measurement—but a core philosophy that looks at the entire process from intake to adoptions. This shift in thinking incorporates the idea of increments of care. "We have to begin talking about animals not in the way of one equals one, but that all have different needs," says Dr. Hicks. "When we look at each animal as an individual, we begin to see a bigger picture—this is the population we have, and these are the resources we have."

Helpful definitions: As outlined by The Association of Shelter Veterinarians in their Guidelines for Standards of Care in Animal Shelters, "Everyorganization has limitsto its abilityto provide care. Limits include financial and physical resources, personnel hours andskills, housing andoperations space, and the opportunity for live outcomes. These limitations define the number and type ofanimals for which an organizationcan provide humanecare, also knownas the organization's capacity for care."

Capacity for care is not defined by a specific number of kennels, or a set number of animals. UC Davis Koret Shelter Medicine Program explains, "Capacity for care means meeting the needs of every animal admitted to a shelter, regardless of how they came in, when they came in or their age, health status and personality."