



Maddie's Institute

## *The Million Cat Challenge* Webcast Transcript

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*[Beginning of Audio]*

*Lynne Fridley:*

Good evening everyone. I'm Lynne Fridley, Program Manager for Maddie's Institute<sup>®</sup>. We're very happy you were able to join us. Tonight's webcast is very special to all of us at Maddie's Fund because it is a project that will, over the next few years, save the lives of a million cats. Because cats represent the majority of animals dying in shelters saving those lives is a critical part of achieving our goal of becoming a no-kill nation.

That's why Maddie's Fund has sponsored the Million Cat Challenge, and why we're presenting it to you here this evening. The Million Cat Challenge is a joint project of UC Davis Koret Shelter Medicine program, and the University of Florida, Maddie's Shelter Medicine program, two of the mostly widely recognized shelter medicine programs in the world. Our presenters are two of the most prestigious veterinarians working in shelter medicine education: Dr. Kate Hurley and Dr. Julie Levy.

Between them, they have coauthored major guidelines related to shelter animal health, including spay/neuter, standards of care, vaccines, and retrovirus management. They also regularly consult with shelters, cities, counties, elected officials, clinics, and community groups. Before I turn this over to Dr. Hurley and Dr. Levy, we have some housekeeping items to go over.

First, please take a look at the left-hand side of your screen, where you'll see a Q&A window. That's where you can ask questions during the presentation. Doctors Levy and Hurley will answer questions at the end of the presentation, but please don't hold your questions until then. We probably won't be able to process these questions that come in during the last few minutes. If you need help with your connection during the webcast, you can click on the help icon, which is at the bottom of your screen.

Along with the help button, you'll also see other little images. These are widgets that take you to the additional resources that Dr. Hurley, Dr. Levy, and Maddie's Institute want to share with you. Please be sure to check them out. These resources will also be available on Maddie's Institute website after this webcast. A certificate of attendance is available in the green resource widget for those of you attending this live event. Please take the time to download it and print it.

Veterinarian professionals will receive their CE certificate within two weeks. Before we begin the presentation, I want to say a few words about Maddie's Fund. We are the nation's leading funder of shelter medicine education, and it is our goal to help save the lives of all of our nation's healthy and treatable shelter dogs and cats. Our founders, Dave and Cheryl Duffield, started the foundation to honor their little dog named Maddie for the unconditional love she gave them.

During a very difficult in their lives, they made her a promise, if they ever made it big, they would honor that love by making the world a safe and loving place for all of her kind. That promise was kept when they created Maddie's Fund, and it continues to be honored in the work that the Million Cat Challenge is doing to save more lives. We hope you'll take what you learn here tonight and add your efforts to the legacy of a little dog named Maddie. Dr. Levy; Dr. Hurley, thank you for being here with us.

*Dr. Kate Hurley:*

Thank you. This is Kate, and I'm going to start out, and then I'm going to pass the baton over to Dr. Levy about halfway through. And thank you all for being here this evening. I know what it mean to take 90 minutes out of your busy, busy lives, and especially those of you on the East Coast, who are tuned in. I hope you're settled in your PJs and with your cats and dogs around you, and a bowl of popcorn.

Those of you that have heard me speak have probably heard me say before that whatever I'm talking about is the most exciting thing that I've ever talked about. *[Laughter]*. And you know that I love shelter medicine. I love what I do starting with a few years ago when I felt like we cracked the code on feline upper respiratory infection. I was super psyched about that, and I still am. And then when we came out with the guidelines of standard of care in animal shelters, I was so pleased to be able to go around the world talking about those.

And then in a webinars similar to this one about a year and a half ago now, talking about new paradigms for community cats, and I said it and I meant it. It was the most exciting thing that I had ever had the opportunity to talk about. So much better, so much more hopeful, so much more attainable than I ever could have imagined when I started in the field 25 years ago.

So I'm going to hedge my bets this time, and I'm not going to say this is the most exciting thing. This is only the second most exciting thing because the most exciting thing is going to be when we come back and we've done it, and we've saved a million cats, and we're going to talk about how. So stayed tuned for the rest of the show. I feel like I'm getting a little bit of feedback on this headset. Am I doing all right there in webinar land?

*Lynne Fridley:* You sound pretty good, Kate. I think you're pretty clear. We have heard from the audience, they said, "I think its fine."

*Dr. Kate Hurley:* So before we get started, I just wanted to show you this quote. And hopefully it'll appear soon. Back when the Million Cat Challenge was just a twinkle in our eyes, I ran across this. And I saved it onto my iPhone. So I thought to myself at the time, you know, when the Million Cat Challenge is real, I'm going to dust this off and I'm going to use it, my presentation about it. And here we are now, and it is real.

And here's the really cool thing, that even just since that time when I first saw that quote, what we're talking about here today is not a whisper. It has risen to a shout. And it's not just what you're trying, but it's what you've already accomplished out there in the audience tonight, the shelters that have already joined the challenge, the organizations and the people that developed the ideas we'll be talking about tonight.

And what we learned already is that there doesn't mean to be any argument between our hearts and our minds, that what we're talking about is not just grounded in compassion, it's not just the kind thing to do. It's not just the thing that our hearts want us to do. It's also grounded in reason. There is data behind it. There is science behind it. It's practical. It's attainable.

For sure, there are still some things we have to learn. For sure, there are still some resources that need to be invested and some groundwork that needs to be laid shelter-by-shelter and community-by-community. But the most important thing for us to get to our goal is first of all, to believe absolutely that it can be done. With that, I'd like to learn a little bit more about who's in the audience today, so I'll turn it over to the poll question fairy.

*Lynne Fridley:* Yeah, we have our first poll question, and we do want to find out who's in our audience. So what best describes your involvement in cat welfare? We have several answers to choose from here. Please answer on your screen, not in the Q&A box. Answer on your screen. "I am shelter director or manager. I am a shelter staff member. I work in a spay/neuter

or veterinary clinic. I am with a TNR program. I am with a foster-based rescue program. I am a volunteer with an animal welfare group. I am another type of supporting organization.”

Okay. So the question is, “Who are you with, and what you are –.” I’ve got a frozen screen here. Sorry, people. All right. “What best describes your involvement?” Here are some of the results. Dr. Hurley, it looks like we have a good showing of a lot of different people from different types of organizations.

*Dr. Kate Hurley:*

Awesome. It’s great to see such a wide variety of people who are interested in this cause because it has to happen with everybody involved. Now I’m going to just start by talking a little bit about how the Million Cat Challenge was born. And it goes back to December of 2012, and I was reading a book. It’s called *Switch: How to Change When Change is Hard*. And that’s what we do, right? We try to make change, and it’s hard. It’s hard work.

And I read about this one particular campaign in this book that really struck me. It was called the 100,000 lives campaign. It was born out of the human healthcare field. The goal of the campaign was to prevent 100,000 deaths from occurring as a result of healthcare associated mistakes; mistakes made in hospitals. And that’s a hard thing to even acknowledge so that there is that much room for improvement.

But what this organization saw was there were practical methods being implemented in hospitals across the country that could be replicated in a variety of environments. You can see, here was adapting the campaign to a rural critical access hospital. So hospitals big and small, rural and urban, rich and poor, they develop these six key practical evidence-based initiatives, and then they built resources around them.

Voluntary declaration of participation by over 2,000 hospitals, and then the hospitals that were the pioneers in first implementing those key initiatives mentor the other hospitals as they join the campaign. And basically as the book described it, it was really like alcoholics anonymous. And basically as the book described it, it was really like alcoholics anonymous for hospital administrators.

It was a safe place where you could acknowledge that you had a problem, that you had some room for improvement, and where you could share practical strategies and support to make things better. Now I just want to point out, they had a staff of 75. That’s tiny in their world. We do not have a staff of 75 and that’s why we need everybody’s help and participation. The campaign was a smashing success. They saved over 22,000 lives more than their goal over 18 months.

Do you know what's fresh in mind? When I got invited to give a talk, just a little talk to a little group at the Chico City Library a couple of weeks later. And there was about 20 people in the room representing about 12 shelters and rescue groups. And I saw something really interesting happening. It wasn't just me up there droning on about no paradigms for community cats. It was the shelters, themselves, asking questions and providing answers, sharing solutions, generating ideas.

And they sat there; it was a three-hour talk. *[Laughter]*. And they sat there and they talked and they engaged. And at the end of that time, I said to them, hey, what do you think about having the Northern California 1,000 Cat Challenge? And what if the shelters in this room – right now, we passed around a yellow legal pad, write down the number of cats, fewer, that will be euthanized at your shelters and the first six months of 2013 compared to the first six months of 2012.

And somebody was actually videoing this while I was up there concocting this scheme spontaneously, and tallying up the numbers, and this was the picture that she called out that we had reached 1,000 cats, 1,000 lives saved by these shelters that they were pledging the first six months of 2013. And here is a follow-up e-mail. I actually found this on my hard drive. It's a jungle in there. *[Laughter]*. It's fascinating though.

Here is my little PS, and I'm just waiting for it to appear on everybody's screen. Between you all, you committed to 1,305 fewer cats dying in your shelter over the next six months than in the first six months of 2012, seven fewer cats a day on average. Imagine, just imagine if we could export that success to every shelter in North America, how much happier a time 2014 would be for cats.

So a grand scheme was born. They met and far exceeded that goal, just those ten shelters. And just a few months later, it turns out HSUS Expo is going to have as their keynote speaker, the author of that book *Switch*. Coincidence? I think not. It actually wasn't a big coincidence because it was a friend of mine from HSUS that told me to read that book. But what was a coincidence is that they gave Julie Levy, Jon Cicirelli and I, the primary session, two thousand animal shelter professionals sitting in a room listening to us.

And we had as part of our plan; we had these little cards with a picture of a cat on them. And we weren't sure what we were going to do with the cards with the picture of the cat until the day before the plenary session. And then it occurred to me; wow, 2,000 people was about a hundred times as many people as were in that room in the Chico City Library. And 100,000 is about a hundred times a thousand. Let's issue the 100,000-cat

challenge. So I actually copied it; printed it out. I read about it from the book to the audience.

And then we had everybody write on their little cards how many fewer cats would be euthanized at their shelter, or how many more lives they would be able to save as a result of what they were learning at the conference that week. We didn't have any way of following up. We didn't collect e-mails. We just collected the numbers and the names of the organizations. But between them all, 122 organizations were represented, and they pledged to save 126,126, not a typo, lives.

And that was just one of the people holding her cat card that I ran into at a conference months later, and she kept that card with her to remind herself of her commitment. And actually the first thing that she did – I loved this, she sterilized and returned feral moms, and that was something they had never done before. So we thought about the 1,000 lives challenge. We thought about the 100,000 lives challenge, and we thought, hmm, *[laughter]*, why not go big? If this is really possible, it is our obligation to actually make this happen.

And unbeknownst to me, in fact, that's exactly what the 100,000 lives campaign did. I didn't know it at time, but they extended the 100,000 lives campaign to the five million lives challenge. So wrote some grant proposals, got some funding from the Maddie's Fund, and then came together at the beginning of last year, January in New York City, that was fun, it was a little nippy, with representatives from a whole array of national organizations and animal welfare and cats.

And the ground rules were, you know, basics, be on time, listening and contributing, and most importantly, be brutally honest. And this is just one page of about 40 of suggestions and ideas and obstacles and caveats. And people were not brutally honest, but they were generously and courageously and completely honest. And at the end of two days, we were still friends. And Julie and I went home with a whole bunch of input that we put into our little idea generator, ground around for about another six months, and came out the other end with the Million Cat Challenge as it now looks.

So it is absolutely not our idea, or even the idea of the organizations that were part of that January design storm meeting, but really something that arose out of the work that we are all doing in this profession and across this country.

*Lynne Fridley:* Dr. Hurley?

*Dr. Kate Hurley:* Yep.

*Lynne Fridley:* Could I break in here? Could you please move your mic a little way – a little further away? People are reporting a popping sound.

*Dr. Kate Hurley:* How's this? Better?

*Lynne Fridley:* You'll have to talk a little bit more. Go ahead with your presentation. Thank you.

*Dr. Kate Hurley:* Okay. *[Laughter]*. It actually sounds better in my ear, so hopefully this is better.

*Lynne Fridley:* Yes. Yes.

*Dr. Kate Hurley:* So the Million Cat Challenge, as it is now created, one thing that's really important about it, just as the 100,000 lives campaign, was a hospital-based campaign. It wasn't about solving some of the healthcare problems that we have in our communities as a whole. It was really focused on what can hospitals do, what's within their directive purview to make a difference and save lives?

And so the Million Cat Challenge is a shelter-based campaign with the participation of supporting organizations, but really around things that are directly and practically under the control of shelters to do with regard to cats. And so this is one piece of sort of a counterintuitive magic that I want to mention, and I want to mention it again when we come to capacity for care. So if I forget, remind me, please. It's not about solving all the problems that we have in communities and surrounding pets and animals in our world. It's not about dogs. It's not about wildlife.

It's not about public health. It's not about afford and accessible spay/neuter and veterinary care. But it turns out that when we do a good job with cats, when we bring our shelter into balance, when we save lives and take good care of this species that makes up a majority of shelter intake in so many communities, we also free up resources and generate an enormous amount of energy and goodwill that also empowers us to solve some of those larger problems, for dogs, for all animals, and for our community.

It's based around five key initiatives. We don't have a staff of 72, so we have one fewer initiative than the 100,000 lives campaign – had. As with the 100,000 campaign, it's voluntary participation. We start from the premise that this is something that shelters want. This is something that shelters have created, and this is something that shelters will voluntarily embrace.

And it really is to create a forum both to provide resources around the five key initiatives, but also to allow shelters themselves to communicate around their particular challenges, solutions, and successes. It's really important that we get a broad range of shelters to participate so that every shelter can find another shelter that is like them, that is struggling with the same issues, maybe have solved some of the problems that they're wondering about, and they solved some of the problems that a shelter like them is struggling with.

And we're aiming for a five-year increase in lives saved compared to the baseline of 2012. We chose 2012 because it was really before the tipping point. A lot of implementations are widespread implementation of some of these initiatives occurred during 2013. And this is just our supporting organization page. We're so proud and honored to have the support of so many national organizations, as well as regional and local organizations.

And these are just a few: NACA, The Canadian Federation of Humane Societies, The National Federation of Humane Societies, ASPCA, HSUS, Pet Smart Charities, Best Friends Animal Society, Alley Cat Allies, and The Association of Shelter Veterinarians. Of course Maddie's Fund not only a funding partner, but a supporter, and a whole array of regional and local rescue groups, spay/neuter clinics, veterinary clinics, animal advocate organizations, a student club of veterinarians. That's so cute. We love you guys. Too many list, and more are very, very welcome.

So now I'm really going to get into the nitty-gritty. What's the heart of the Million Cat Challenge, and it really is these five key initiatives. And we tried to balance the different elements of bringing cats into the shelter, what happens before they come in, as they come in, while they're in the shelter, and then the pathways out the door alive. We chose evidence-based initiatives. In some cases, that's evidence is data that's coming out of shelters. In some cases, the evidence is out of peer review journals.

And in some cases, we still have an opportunity to create some more study around these. But basically, they're based out of science, proven in a variety of context. So we didn't want to create a campaign that was only for one kind of shelter, or for another kind of a shelter, or worked in a cold climate, or worked in a hot climate. So not every initiative can be implemented the same way in every shelter, but there is an opportunity to implement some elements of every initiative in just about every context.

And that's why we made it with variable resource requirements. If you have a lot, you can spend a lot on these. But if you don't have a lot, there is a way to start. There is a way to step forward, step-by-step. And they also can be implemented in part or all at once. This is a non-denominational campaign. If you hate one of the initiatives, you don't



have to use it. They can be implemented separately. They can be implemented in sequence. They can be implemented front to back, or back to front.

They can also build on each other. Implementing one of the initiatives or part of one of the initiatives can free up resources and generate support to do a little bit more and then a little bit more. And here they are for when you can see them. So the big five initiatives are: alternatives to intake. So before a cat ever comes in the door, just checking is that the best thing for that cat right now, and then managed admissions. If it's right for the cat to come into the door, is now the right time?

Then once the cat is in the shelter, capacity for care, ensuring good welfare for every cat, everyday, in every shelter. And then it's time to get out the door. First of all, can we remove any barriers to adoption to get that cat into a home or for cats that are not adapted to being in a home, or are in excess of the number of homes we can find, can we return them to the habitat to which they're adapted after modifying them just slightly to do a little better with spay/neuter and vaccines.

So I'm not going to get into operationally how do you do that because that's what the Million Cat Challenge is all about. We will be creating endless resources and infinite webinars and videos and forums around each one. But tonight, I just want to tell you what each one is, and then let you hear from some voices in the field about how it's working out for them. So the first one is alternatives to intake, and that's providing positive alternatives to either keep cats in the home or the community when admission to the shelter is not the best choice.

And what could that mean? It's going to mean different things for different shelters. For a shelter that has no resources for TNR or is legally prohibited from performing sterilization and return, maybe the only non-lethal alternative for feral cats is to just redirect people in the community to resources for coexisting with them, or for another place where they can take the animal to be sterilized. For some shelters, it might mean not admitting healthy stray or owned cats, when admitting that cat to the shelter would mean euthanasia of that cat or another to make room.

And, instead, providing the owner or the finder of that cat with some different solutions other than bringing it into the shelter today. It might mean for underage kittens when foster care is maxed out or there is no foster care program, providing the finder of those underage kittens with the resources and the wherewithal to raise them up until they're old enough to find a home.

Basically it means for any cat that would be better served by another organization by staying where it is, whether it's that's in a home or in a community, supporting the person who is wanting to bring that cat into a shelter and finding that other solution. It probably goes without saying, but when legally and contractually permitted, but it's surprising what is legally and contractually permitted. So alternatives could be big and fancy, or they could be pretty simple.

Anything from just providing people with brochures and referrals to other organizations in the community, for instance a spay/neuter clinic or a TNR group to providing direct support, helping people rehome their pet, helping people solve behavioral problems, helping finders post signs or post the found animal on your website. So a lot of different ways that you can provide alternatives, but really important to understand this isn't just dropping the ball.

This isn't doing less work; it's doing different work when that can have a better outcome for the cat and for the shelter's mission overall. So this is what one director said. We didn't limit admissions; we expanded our services so that admission was no longer the only thing we offered. And here's what it's not. It is not refusing admission to sick, injured, orphaned, high-risk, dangerous, or abused cats.

In fact, it's making sure you have the resources to provide appropriately for those animals that really need you because you're not overwhelmed with animals that could be better served in some other way. It's not just leaving the public to fend for themselves. It's not talk to the hand. In fact, it's empowering and informing the public so that they can be a bigger part of solving the problem when you wouldn't be able to solve it alone because admitting that cat to the shelter would mean that your resources were exceeded and you wouldn't be able to assure good care or the right outcome.

It's not foisting the problem onto an organization down the street; it's working together with all the shelter and organizations in your community to say we will admit cats to our shelters when that's in the best interest of that cat and the cats already in our care. And when it's not, we will work together to find other solutions. And most importantly, you're going to see this for every initiative. It's not all or nothing. It's not always the right choice.

There might be a time where there is a hoarding situation, or a cat is at extraordinary risk, and it's not usually your policy, but you just admit that cat. So you don't have to go all in at one time, or ever to make this really work and really be powerful. So this is where instead of just telling you

what we think, we went to shelter directors and managers and said, “How’s that working out for you?”

And I just want to point out this could be the most valuable thing you get out of this whole presentation, there is an app called “Add a Cat” for your iPhone, where you can add a cat to anyone, *[laughter]*, including Dr. Phil. I actually have another version where I have a cat on his head. *[Laughter]*. We asked these shelter directors what was the hardest thing about implementation? What was the biggest surprise? And, what’s one pearl of wisdom that you would offer to other shelters?

And we asked shelter directors, shelters big and small, rich and poor, animal control, nonprofit, open intake, limited intake, all kinds of shelters, and it was really interesting to hear what they said. So here is one of the hardest things, and I want to mention there is some bonus quotes at the end of your slides that I’m not going to be able to get to. We got so many fantastic quotes; it was agony to try to pair them down. It was like trying to decide which adorable kittens to admit.

But this is our fear, and it’s real, dealing with the people who push back, who threatened to take care of the problems themselves, tell us we’re heartless. It’s the dumbest thing we ever heard. Screams that they’re the taxpayers, and what are they paying us for. So that’s a real challenge with this. It’s not an insurmountable challenge, but it’s something to be prepared for and to develop resources around. But, interestingly, and we’ve heard this over and over too, as much as we anticipate opposition from outside, often times it’s our self that we most need to convince.

And I want you to notice it’s not that staff didn’t want it to work, it’s not that staff didn’t want to take better care of cats or save more lives, and so they were afraid it wouldn’t work. And so we need to address those concerns, and share with each other when it does work. And this is a really poignant statement from a shelter director. It was a leap of faith, she, herself, had to take as an old school animal control director, but recognizing that what she was doing was not getting them anywhere no matter what she did, she couldn’t fix it.

So what was the biggest surprise, well, the flipside of the hardest thing, it was how well the public received the change. Most people are happy to hear that the shelter wanted to work with the community on long-term solutions. And if that’s true, what a wonderful thing to find out. Another shelter director with a similar piece of feedback, the biggest surprise was how many people really understood and even told us what the new policy is as they walked in the door.

The biggest pearl of wisdom, just do it. Don't hesitate. Don't waffle. Don't ask. Set your policies and stick with them. But do make sure to inform your area partners about your plans. Remember this is not about foisting the problem onto another organization. You don't need to ask for permission, but do let them know what you're planning, and work together wherever possible. Similarly with the public, take the time to explain it, but tell it like it's gospel.

Have the conviction that this is the way it is, and amazingly so many people will just say, "Okay." Just in the same way that for decades we've been telling people something else is the way it is with cats and shelters, and they've accepted that. They will accept this too for the most part. And then finally there was this one, which wasn't really a hardest thing or a pearl of wisdom, but I just wanted to say two things about it.

And I'll just read it. "For the other hardheaded animal control folks like myself, I hope they'll take the leap and know why I don't think it's perfect because we can't TNR. I'm very thankful to have been a part of the movement that has saved thousands of lives, and lightened the burden placed on our souls, and that of our staff that have had to euthanize these cats all these years." And I want to point out two things in that statement that I think are very powerful and important.

One, for those of you, and I saw that a lot of people in the audience right now are shelter directors and managers. You're the decision makers. And for anything that you might be considering, whether it's alternative to intake, or return-to-field, or capacity for care, think about the power of the imperfect. Think about doing something that just a little better than what you're doing now even if it's not exactly what you want to be doing.

This director would rather be able to offer TNR services, but she can't right now. And so providing people with alternatives, say we can't take the cat in when its only outcome could be euthanasia, and instead redirecting them to spay/neuter resources in the community, is better. It's just a step better. And the other thing I want to point out to you, and this for the outsiders, the supporting organizations, the rescue groups, the animal advocates, whether you're trying to get your own shelter or director to see the light, or the shelter in your community, never mistake hardheaded for hardhearted.

Know what you see looks like resistance, that looks like close-mindedness, and I've made this mistake myself so many times, often times is just sheer exhaustion and hopelessness. It's the belief that it can't work and so we don't dare to even hope. Go in and provide the resources, offer the help, make it possible. And way more than 99 times out of a 100, you will find shelter staff do not want to euthanize cats. They do not want to

take bad care of cats. They just need to know that there is a path forward that's practical for them.

*Lynne Fridley:*

Well, we have another poll question. So this is asking you about the session that we just went through with alternatives to intake. Where is your organization now with alternatives to intake? Are you already doing it and love it, early in the process of implementation, planning to start, intriguing new idea, we'll think about, or it doesn't sound right for us. Please answer on the screen, not in the Q&A box, but on the screen.

And we'll give you just a second here to finish with your answers. As we move forward through these sections, the five different disciplines, we'll be asking the same question again. So we just want to see where everybody is on this, and we'll go to the results now. Wow. Wow. Wow, that's great, Dr. Hurley. Look.

*Dr. Kate Hurley:*

All right. *[Laughter]*. Well, I love to see that so many people are already doing it and love it. I hope you're in the Million Cat Challenge so that you could tell the others how great it is. For those of you early in the process or planning to start, or intrigued with the idea, also join up, stay tuned. And for those of you, it doesn't sound right for you, no problem because there are certainly other initiatives and other things. This isn't right for every organization.

So that brings us to initiative number two: managed admission. And that is just scheduling intake of cats to match the shelters ability to ensure humane care and safe movement to the appropriate outcome for every cat. And it's sort of crazy how mind-blowing this has been in our profession, but I started out in an open intake unscheduled shelter environment, and I absolutely saw that as the goal to standard of sheltering when I began this profession.

So we use managed admission broadly to mean anything that has to do with regulating the flow of animals into the building. Closing night drop boxes might be one form of managing admission. At least having them come in the door when the shelter is open, and somebody can talk to them. For some shelters, it's limiting field pickups of health cats, making sure that if someone wants to bring in a healthy stray cat, they come on down to the shelter and bring it in themselves, just slowing down the flow of cats into the building.

It could be restricting intake hours or days. Maybe if your super busy adoption days are Friday and Saturday, then you don't do intake for healthy cats on those days, and you restrict intake to emergencies, just like you hope that your doctor is going to restrict admission enough so that emergencies can be seen when they need to be seen, and they can do the other work that they need to do.

It might be creating a waiting list that doesn't have to be complicated, just, "Hey, we're full. We'll put you on a waiting list. We'll call you back when we have a little bit of room." Or it can be anything from scheduling appointments, where you do an in-depth medical and behavior evaluation of the animal, and give the person a real good sense of what the outcome is likely to be for that pet. It's about the "when" of intake; it's not necessarily about the "who" comes in the door.

So, *[laughter]*, it would be nice if the tidal wave could just say, "Hey, head ups, do you got your boats ready?" *[Laughter]*. So it's really just about making sure that you have the resources and the staffing, just as you wouldn't want to run your spay neuter clinic with just however many animals come in. You'll either have your staff sitting around bored, or they'll be totally overwhelmed. You want to be able to plan your staffing, plan your housing, plan your flow to match who's coming our way every day.

That's not my cat in the picture by the way, but it sure looks like him. Here is what managed admission is not. Just like alternatives to intake, it's not deferring admission for sick, injured, orphan, high-risk, dangerous, abused cats. And it also is not the same as limiting admission. As I said, you might bring in all the same cats, you might bring in just as many cats, or you might bring in the same number, but different cats.

So when you have a scheduled admission process, when you put a little break between the idea of bringing a cat in and actually bringing the cat in, sometimes people find a different solution, and that cat doesn't end up in the shelters. So this is just an excerpt from one shelter's waiting list. And of those three cats, one found a home, one found another organization that would take them, and one came into the shelter. And so some shelters have said, yay, let's have less intake and do so more things for our community, and for dogs nod for wild animals and for people.

Other shelters have said, yay, let's go help out the animal control shelter down the road, and let's increase the number of animals that we transfer in from other organizations that are in need. So it could be more. It could be less. It could be the same or different. But whatever it is, again, it's not all or nothing. It doesn't mean that you can't take a walk-in when someone comes in and says, "My house just burned down, and I'm leaving the country. Can you take my cat?"

So, again, some of the comments from shelter directors, and this is – I got a different set of shelter directors and managers for each of the initiatives, but just getting out of the mindset that as a public open admission shelter, we have to take anything and everything that comes in our door without

question, a fear that not only would we take heat from the county administration, but also from the public. So going against just the expectations that we're had for ourselves, and that the public has had for us, but too really haven't been questioned for all of these years.

And, again, communicating the change to the frustrated clients, who have expected us to take their animals in immediately. It's a change. It's not how we've done business for many years in many shelters and many communities. And we see this over and over with all the different things that we might do is just convincing ourselves and our volunteers that the animals are going to be okay, and will actually benefit from the changes. These concepts are counterintuitive.

Even though we know it doesn't benefit cats to bring them in more than we can release alive or more than we can provide humane care for, when it imposes overcrowding on the shelter, and it overwhelms our system, still we worry about what's going to happen to them out there in the world. And then this is similar to the comment that we got from the shelter director in alternatives to intake; the hardest part of implementation was making the decision.

I can't tell you how much I resisted not opening our doors to all cats every minute of every day, but then we had a case of panleukopenia that killed dozens of cats that put me over the edge, and convinced me that killing by overcrowding was not part of our mission. So, again, sometimes we're pushed to do something scary, something new, something different, something that might make some people mad by saying it's better than what we're doing now. It might not be perfect, but it might be better.

And here's the thing, it turns out to be way better than we expected because scheduling intake just makes tons of sense. And so here is the flipside is how easy it was and how fast my population of cats went down as a result. This is from an open intake public municipal shelter. I had a garage full of cats stacked on top of each other, all being treated for URI. And within a month, my garage was empty, and URI in the shelter was under control. So it managed intake, a cure for the common cold. How about that?

We could have saved ourselves a lot of research, I tell you, if we had but known. *[Laughter]*. The biggest surprise was the public got it a lot quicker than we did. They instantly understood the lifesaving nature of managed admissions. Again, if the public is going to figure it out that easily, we owe it to them to give them a chance to do that. And this is the bottom line: the world didn't end. No one freaked out. No one got angry. *[Laughter]*. It's hard to argue with our results.

Here are some pearls of wisdom. Communicate with staff and volunteers, and let them be the advocates. When they're convinced, they will be able to convince others. If they're not sure, they'll give all kinds of mixed messages, and then people will be more likely to resist and get angry about new policies. So take the time to really explain it and get the buy in internally, and then let those people be your ambassadors for the new program.

Encourage staff members to be flexible and use good judgment for sure. There will be times when animals should be taken in without and appointment because of an emergency or some unexpected circumstances. And here's a recommendation. Implement the change quickly, and be willing to make mistakes, learn, and adjust. We only wish we had implemented sweeping change years earlier. It doesn't have to be perfect; it just has to be better. You can always change and adapt.

And, finally, do not be afraid to offer these lifesaving methods to your county and community. It will not only surprise you, but give you great hope when you realize that once you educate your county administrators and/or community on the benefits of these methods, they will most likely see it in a positive way. Give the people a chance to actually step up.

*Lynne Fridley:* So the next poll question is on managed admission. "Where is your organization now with managed admission? You're already doing it and love it, early in the process of implementation, planning to start, intriguing new idea, we'll think about that, or it doesn't sound right for us." Please answer on the screen. "Where is your organization now with managed admissions?" So let's take a look at the results. Fifty percent are already doing it. Isn't that wonderful, Dr. Hurley?

*Dr. Kate Hurley:* That is stunning. Wow.  
*Lynne Fridley:* It is.

*Dr. Kate Hurley:* And 20 percent say, "Intriguing new idea, we'll think about it." and for some of you again, it's not the right choice for your organization right now, and that's totally fine. For this one, I hope that everyone will either be intrigued or be already doing it because I think capacity for care is the one that really is right for every organization, even if it seems like it's pretty far out of reach right now, you can get there over time.

And that is matching the number of cats cared for at one time with the capacity required to assure the five freedoms of animal welfare for every single cat. There is a lot more to capacity for care, and it's the subject of many, many a long webinar, but basically, it's assuring cats that they'll have, most of the time, most days for most cats, freedom from hunger and



thirst, freedom from discomfort, freedom from pain, injury or disease, freedom to express normal behavior, and freedom from fear and distress.

Good housing is the foundation of providing the five freedoms, so it really means providing good housing for every cat in the shelter every day, and that also frees up enough staff and volunteer time to provide good care and the hands-on attention that cats need. We do that by reducing length of stay in order to decrease the number of cats in care at any one time, and provide better quality care for the cats that we do have.

And here is another little piece of counterintuitive magic that I wanted to mention. Just as bringing shelters into balance, even if the goal isn't to create healthy communities, it makes shelters better able to do all the rest of their work. And here you'll notice that there is a sixth freedom that's missing, and that's the freedom to live, the freedom from euthanasia. It's not part of the five freedoms. And that makes sense because they were started in the context of animals raised for food with the thought that even those animals deserve these basic freedoms.

But for us, of course, the five freedoms can't come at the expense of cats' lives. And what we now know is not only do they not come at the expense of cats' lives, but powerfully, they make us more able to save cats' lives. When cats are happy and healthy and well cared for, they do better and we do better. Euthanasia goes down, adoptions go up, and we get to provide all six freedoms, and it's a lot more fun on top of that.

What is good housing? It's pretty simple. *[Laughter]*. And contact us at Shelter Medicine if you want to know more, but here's basics. It's double compartment housing for singly housed cats so that they can have their litter separate from their food and water, and their bedroom compartment with at least nine-square feet of floor space per cat. For cats in group housing, it's 18-square feet of floor space.

And as I said, there is a lot more to that, but I just want to know how simple it is, and that really those guidelines are the basis for the comments that you're going to see following. If you need portals, we have portals. We have eight pallets of manufactured portals sitting on a loading dock somewhere in Sacramento so we can hook you up with those, or we can hook you up with instructions on how to make portals with just about anything round you can think of. So let us know.

I'm not going to get into length of stay, but I just wanted to mention this is the magic behind capacity for care. You don't have to limit the number of cats coming in. You don't have to change the number of cats going out, you just have to keep cats happy, healthy, reduce stress, present them well, and they fly out the door. And it really is like magic. So capacity for care

is never euthanizing more cats to make space. It is never random time limits.

That's not how you change length of stay. You change length of stay by making the system more efficient and by keeping the cats happier and healthier. It's not dependent on changing anything about your intake or outtake policies. And, again, it's not all or nothing. Will there be a day where you have to crowd more cats into a group room than is 18-square feet of cats, space for every cat? Sure.

Will there be a time where you're getting ready for a super mega match-a-thon adoption event, or Macy's kitten windows in December where you compromise your capacity for care a little bit? Sure, that'll happen. But you have to bring it back into balance, come back to that different baseline of adequate housing, adequate space, and adequate care for every single cat. Just like if you don't want to go into debt. You try and pay your credit card off every month.

Will there come a time when your car breaks and your teeth fall out? For sure, that'll happen. And sometimes you can't pay the full bill, but you better come back and pay it soon or it's just going to get worse and worse. So what was the hardest thing about implementation? Time and energy; was it going to slow us down and make more paperwork? Was this an insane idea pushed through by academia, *[laughter]*, with no working purpose in a shelter environment? I know there are people out there right now who are thinking that. *[Laughter]*.

The hardest thing was getting started. Many of these programs seem so huge and daunting that there is a tendency to choose to do nothing. But, remember, each program can be started small. And with each success, you find more time and more resources. The biggest surprise was how fast you see results. It is almost immediate, and that encourages the team to keep up with the changes. Now we can't even remember how we did it before, C4C, that's the initials for capacity for care.

It worked. It worked and our cats are so happy. We all wanted it to work, but we didn't know how it was all going to happen. We have fewer cats on site, more adoptions, and our cats are so much happier. Magic. I could do this all day. *[Laughter]*. Our staff and volunteers have more time to spend with the cats, and they're thriving because of that. Some cats that I would have never thought would get adopted are getting adopted, and at a fast rate. So it gives even more cats a chance.

Our length of stay plummeted. Right now, we only have three cats over 90 days. That is a record. This week last year, we had 27 cats over 90 days. That is a huge difference. The biggest surprise was going from

isolation, being full all the time, to isolation looking like this all the time. That is a beautiful picture. Do it now. It's January. The season is slow. You can afford to have fewer cats to get everyone used to it, and then don't give up when it starts to get tight.

Track your statistics so you can celebrate. Your cats will thank you by now hissing, swatting, and biting. They will be happier. Take that leap of faith and just start, and then you can evolve and make it your own.

*Lynne Fridley:* And here is the poll question on capacity for care. "Where is your organization now with capacity for care? Are you already doing it and love it, early in the process of implementation, planning to start, intriguing new idea but we'll think about that, and it doesn't sound right for us." So where are you with capacity for care? I'd like to encourage you to get your questions in.

Also the certificate of attendance is in the green file widget at the bottom of your screen. Please look at that, print it out for proof that you were at this wonderful webcast with Dr. Hurley. So let's look at our results, and those are equally impressive numbers, I think, Dr. Hurley.

*Dr. Kate Hurley:* Holy cats. I had to mute it because I think it was going to be Julie Levy's turn, but that is awesome.

*Lynne Fridley:* It is. So welcome Dr. Julie Levy.

*Dr. Julie Levy:* Thank you. And I'm going to pick it up here with another tactic that's one of our five key strategies for saving cats, and that's removing adoption barriers. So those of you who are involved in adoption programs, you know that there is a lot of chatter on the internet and in webinars, a lot of new research coming out about how we can do a better job picking good adopters, and firing up our adoption programs to try and meet the needs of all of those homeless cats that are out there knocking on our doors, or already in our shelters.

We define removing adoption barriers as expanding the pool of adopters by removing barriers to adoptions, such as price, process, or location. We have a lot of cats in our shelters, and there is a lot of cats waiting to get into our shelters. And the good news is people want cats. Cats are the most numerous pets in America, and they outnumber dogs. So we know people love cats, and we know they're going to get cats. Unfortunately most of the time, they're not getting their cats from shelters.

I had a friend once that said if you show any weakness in getting a cat, you will have one foisted upon you. And I think that's true. People have cats they need to place in homes. Cats walk up and knock on the backdoor

wanting to get a home. You can walk out the front door and trip over a stray cat. It's not hard to find cats. We would like to have people getting more of their cats from shelters. The good thing about that is when they get a cat from us, it's going to be spayed or neutered, vaccinated.

We can provide this new cat owner with education so they can take good care of their cat, and not put that cat at risk for being relinquished or getting lost. And we can also provide a safety net. If that person's circumstances change and they can no longer keep the cat, or if they have a problem with the cat, we can be there for them to support them or to help them find a new home for their cat. So getting a cat from a shelter has a lot of benefits beyond simply helping us with our populations.

If we can put shelter cats in all of the capacity for pet cats, we will start to fill up that capacity with neutered cats, and reduce the production of more kittens. But there has been a lot of myths, and some of these myths probably have some truth behind them, and some of them are oldwife's tales that have been told over and over until they've become reality. And I think we've probably all heard that it's irresponsible to adopt out a black cat or a tortoise shell cat, or some other cat around Halloween.

Because there are these Satanists that are going to go around to shelters, give a copy of their driver's license, pay an adoption fee, sit down through a four-page questionnaire, and then go home with a cat, and that we can protect cats against those kinds of people by keeping them locked up in our shelters and refusing to let people adopt them. And I think most people now realize that those oldwife's tales aren't true, and that some are even now using the Halloween season to market black cats and black dogs, and tortoise shell cats, and using it as an adoption promotion tool.

But there are some other myths that have persisted, such as holiday adoptions. It used to be said that it's irresponsible to adopt animals out around Christmas time. And now we know that the biggest adoption event of the year nationally is tailored to the holidays. But we also have developed some screening tools that are pretty evasive in investigating a potential cat owner's lifestyle.

Because we think we know that there are certain cues that can tell us if this is going to be a good home or not. And a lot of this has just been handed down from generation-to-generation of adoption counselors without any evidence really, or because we had one experience, and that has colored us forever in ever adopting to a person like that. And very often, we choose to trust people that look like us. And the people that work in shelter are often not very diverse, and we can sometimes not trust people that are not like us.

But there hasn't been a lot of evidence in the past that these adoption-screening tools have been very effective at putting cats in good homes. Things like high adoption fees. We've heard it said that if you lower adoption fees or waive them, that that somehow devalues a cat and it might make it a more disposable pet. And I guess if that was true, we ought to say that pet stores are giving the best homes because they charge the most for their pets, or that shelters value dogs more because they generally charge higher fees for adopting a dog than adopting a cat.

And we know that's not true. There really isn't a price on love. And if you think about your own history in adopting a pet, there is probably a lot of you that could say you got one for free or on an impulse, or when you lived in an apartment where you weren't supposed to have a cat. Or maybe you got a cat when your other cat's rabies vaccine was overdue. Or you even got a gift for somebody and gave them a kitten as a present that they weren't expecting.

And it turns out there's no evidence that these kinds of restrictions or very restrictive adoption questionnaires that have yes/no checklists that are really seeking for a reason not to give somebody a cat are effective. And we're getting the benefit now of a lot of academic research that's doing follow-up surveys on adoption, and giving us confidence that is very safe to throw away our adoption applications and start having honest and respectful conversations with people about their decision to adopt a pet.

Remember they made the right choice the first time when they walked into our shelters or pinged us on Pet Finder about a cat picture that they liked. And we ought to take that as evidence that their heart is in the right place, and then help them be really good cat owners. So removing barriers to adoption does not mean that we're reckless, we still have to have honest and thorough conversations with people. We still have to trust our instincts, and we still might do some more checking if we're concerned. But we are going to recommend replacing long intrusive applications with conversations with people. And maybe we can take some people that would have made a bad choice about the lifestyle of their cat, and educated them and given them a cat that is now going to live a better lifestyle. Because if we turn them away, we know that they're still going to get a cat, right? They want a cat, and they can get one on Craig's List or out of a box in front of Wal-Mart, or from a friend.

So we're not preventing a cat from being in that home. But we can give them a nice neutered and healthy cat, along with a lot of education and support, and it'll be a better outcome for cats. We're not replacing quality with quantity. We've heard that in some of our big adoption pushes that's it's all about the numbers. And in some regards it is because every one of those numbers has a face. It's a cat that needs our help.

And we should give that cat the help and the cats that don't come into our shelters or rescue groups because we're full, because we're too restrictive also have a face, as well as a number. So we're trying to do the best for as many cats as we can. And, again, just like in the other initiatives, this is not all or nothing. We still have to empower our volunteers and our staff to have decision-making power, and to do what they feel is best for that cat and that adopter.

This picture here is from one of the big mega adopt-a-thons that Jacksonville hosts throughout the whole North Florida area. This is a multi-county event. It's got dozens and dozens of shelters and rescue groups that come together in the fairgrounds. They bring in usually about 1,200-1,400 cats and dogs for a long weekend. And generally they adopt out about 1,000 animals in three days at the fixed rate of \$25.00. So the adoption fees are usually lower than normal here, but the standards for adoption are not changed.

Each of the groups still follows their own standards. These are incredibly successful events, and they help empty out all the local shelters so that euthanasia is plummeting. And Jackson is now hitting about a 95 percent – a 90 percent life release rate. And a few years ago, they were saving less than half of the animals in their community. So this is one of the tactics they've used to increase lifesaving and the image of the shelters and rescue groups up there.

This is a picture from a very large shelter in Los Vegas. This shelter takes in over 50,000 animals a year, and it has suffered from a high euthanasia rate for cats, and not as much attention paid to cats as they had been paying for dogs. And they have decided to change that. And this was an adoption event in which all of the cats at the shelter were free. They adopted out hundreds of cats on this weekend. It improved the reputation of the shelter in the community because it was a display that the shelter cared about cats and saving their lives.

And by the end of the weekend, you can see all of the cats are being adopted. They actually ran out of cats, and how many shelters can say that? So just as in the prior initiatives, we asked the shelter directors from shelters big and small, what were the hardest things about implementing this change? And this shelter director from this big Las Vegas shelter said it's very important to us that our staff be well aware of why we're implementing these new systems.

Communicating and messaging and providing training to 130 team members takes time. This is a big organization and a major cultural shift, and they recognize that and they had to bring everybody in because all of

these staff and their volunteers had to communicate with one voice to the public about helping cats. The biggest surprise, again from this gigantic animal shelter, I think the biggest surprise for the staff was the lack of complaint and confusion from patrons.

Not only did patrons not complain, but also they were happy to hear about the improvements we were making. And this is what we keep hearing over and over again with each of these initiatives. Very often our fear is dragging us down from being more progressive for cats, and we're the ones that are the biggest boat anchor, not the public and our volunteers that are ready to help cats.

And a pearl of wisdom, again from the same shelters, "Go for it. If thoughtfully implemented, it would be well worth every challenge. Also, if possible, involve your volunteers early on so they are in the loop of coming changes."

*Lynne Fridley:*

And we have our next poll question about removing barriers to adoption. "Where is your organization now with removing barriers to adoption; already doing it and love it, early in the process of implementation, planning to start, intriguing new idea, and we will think about that, and doesn't sound right for us." Please answer on the screen. Removing barriers to adoptions. Let's move on ahead and look the results. Wow. Dr. Levy, I'm impressed with those numbers too.

*Dr. Julie Levy:*

I really am. And we've been talking about these initiatives. We certainly didn't invent them. Kate and I see it as our mission to travel the country and consult on the phone, and to find systems that are really working well for cats, and to help share that information with other shelters. And it looks like the shelters are definitely doing this, and spreading the word about how effective this can be.

So our final key initiative is return-to-field, and I'm sure that everyone would expect that this would be the most controversial of our initiatives. It's a take on trap/neuter/return, and there are fierce advocates like myself for trap/neuter/return programs, and equally fierce detractors who are concerned about the welfare of the cats, of the welfare of wildlife that they might impact, or have concerns about nuance in public health. So the return-to-field tactic involves sterilizing, vaccinating, and returning healthy, unowned shelter cats to the location of origin as an alternative to euthanasia.

So this doesn't mean we dump every shelter cat back where it came from it's not doing well. Specifically are selecting those shelter cats that came in as strays looking great where they were. It indicates to us that those cats have resources. They often have feeders that we don't know about, or

they're eating out of a dish that's left for another outside cat, or they've identified some other source of food and shelter. And very often, they're probably someone's pet cat. It's just that nobody in the neighborhood knows where that cat goes.

Here we are talking about cats that have been taken into the shelter as strays. So this a little different than traditional trap/neuter/return, which traps cats in the field for the intent of neutering them, takes them to a clinic, gets them neutered and ear tipped and vaccinated, and then takes them back to the field. These cats actually entered the shelter not necessarily with the intent to be neutered and returned.

This kind of program started in Jacksonville in a big way, and it was called Feral Freedom, and it started at a time when the live release rate in Jacksonville was less than ten percent for cats, and over 15,000 cats a year were being euthanized in that shelter. And almost overnight, their live release rate for cats exceeded 50 percent, and it's up over 90 percent now. And it's a huge important component of that lifesaving.

There is few tactics you can use that can change your statistics as quickly as a return-to-field program. These are also known as feral freedom programs, or as shelter/neuter/return programs. A key with this is that the cats should be returned promptly because they have a niche, and we don't want that niche to change. So this isn't something we do when we've had the cats in the shelter for a few months, and realized that they're not going to be adopted, and now we start to panic and think about other alternatives for them. That's not fair to the cat.

Our shelter/neuter/return-to-field program should identify the cats that are candidates for this quickly, get their medical care done, and get them back out where their friends are waiting for them. I'd like to spend just a moment with this graph because I think it helps illustrate why this is an important option to have. So, remember, we're talking only those healthy cats that are brought to the shelter. Cats that are sick or injured or not thriving in their environment should not be just returned to the field. We return them where they were thriving. This is not a relocation program.

Relocation often does not serve cats well because they have a very intense homing instinct, and will try to get home. So if they have a place they're already considered home, that's where they should go back. It immediately reduces shelter crowding because those cats are not staying in the shelter long. What that does, it allows better conditions for the cats that are in the shelter that are either being treated because they're sick or injured, or are being placed up for adoption.



So the cats that are left in the shelter have more resources lavished on them. So the cats that are not in the return-to-field program also benefit. But one of the most important things is that it addresses the impracticality of trying to shelter all cats. It is tempting, especially with the friendly cats to say let's take them all in, and get them homes because that's a great outcome for cats. And that's the outcome we would like all socialized cats to have.

But this graph shows you why, today, that's really not practical. On the left-hand side of the graph, you see that it's for pet cats, and this is how many millions of cats are in the U.S. there is 90 million pet cats in the U.S. and almost half of those go outside and can get caught up in our shelter intake activity. There is at least 60 million community cats. These would be stray or feral cats. They might be friendly; they might be feral, but they are free-roaming cats that nobody knows that they have an owner – 60 million of them.

Today our shelters take in about 3.4 million cats, and most of you would agree that our shelters are pretty crowded with cats, and that we're really struggling to deal with that volume. Less than half of those cats get out alive. So the idea that we can solve the community cat problem by impounding more cats just doesn't make sense. We're not coping with the ones we have, and we are only taking in the tip of the iceberg for the cats that are out there.

So we can make this situation better by finding these cats, giving them vaccines and birth control, and putting them back out where they were doing well. Over time if we can populate our communities with neutered cats, there will be fewer kittens born, and will help your intakes to the shelter. And of course this is happening in combination often with traditional neuter/return programs, where volunteers are trapping cats and bringing them in for neutering, and returning them without ever going into the shelter in the first place.

This is a great document that's listed as a resource on the Maddie's Institute website. It's about managing community cats from a public policy point of view. It's written specifically for municipalities. So if you want to talk to your county or your city about instituting some kind of return-to-field or TNR program, this is an excellent resource. It's written by city and county managers for their peers. Return-to-field is not relocating cats to some other place. It is not abandonment.

We hear that frequently that if you put a cat back out, once you've taken possession of you, you own it, and if you put it back out even if it's the next day, that that's abandonment. That's not true. It is not turning away sick or injured cats. Those cats do need a safety net. They need to come

in somewhere and get care so they don't suffer. And it's not giving up on the concept of placing socialized cats in homes.

We want to increase that activity, build up our capacity to get more cats adopted, but we should not be ignoring those cats that can't be adopted because there is too many of them, and we should not euthanize them instead. If they're thriving where they are, they're better off getting birth control and vaccines, and living out their lives with their friends in the neighborhood. And, again, it's not all or nothing. We should never have blanket policies that are inflexible and unable to nimbly respond to unique situations.

This is my local shelter, a municipal shelter that used to take in 11,000 animals a year, and of that, about half was cats. And when I moved to Gainesville, 75 of those cats were euthanized. Today, we take in about 5,000 animals, and euthanize only about 15 percent of those. In the last couple of years as we've gotten down to harder and harder population to adopt out, we instituted a return-to-field program.

And these purple cards here are on the front of the cages of the cats that would have been euthanized in the past either because of shelter crowding or because the cat was unsocial or feral and poor adoption candidates. And, today, these cats will be neutered and returned back to their neighborhood. And it's been huge in helping us get to the next level of lifesaving in our local shelter. So, again, we asked shelter directors, "What was the hardest thing about starting a return-to-field program?"

This is Joe Elmore from the Charleston Animal Society, and his approach was to get everything approved in advance, and you'll see kind of two approaches to return-to-field programs. Some directors say don't try to get everybody on board, just start doing it, and then they will enjoy it and come onboard. And Joe was with the other camp that he changed the municipal code, got everybody to agree to do it, wrote all the protocols, and then started. He said he was a little worried to start it back in 2009 when it was a new idea.

Again, you see shelter management feeling like the biggest hurdle is their own uncertainty and reluctance to try something that they didn't know how it was going to turn out. We suspected it would be much more difficult than what it was. So we thoroughly planned our strategy and research. Scott Trebatoski is now in Tampa, Florida, but he was in Jacksonville early on when they were starting the return-to-field program.

And he said getting – the hardest thing was getting past some of the old stereotypes or myths about the caretakers, and the whole TNR return-to-field concept, not only for politicians and decision makers, but also from

the staff, the public, and the media. His biggest surprise was how quickly results can be achieved if you go all in with the program, and add targeted spay/neuter programs for high impact areas. So Scott has become an advocate for not waiting until the situation is perfect to start something new, but just to go for it.

Alex Munoz is director of one of the country's largest shelters in Miami-Dade, and they take in over 30,000 animals a year. And he was surprised at the large number of willing participants that brought free-roaming cats into the shelter to surrender or euthanize, and then chose to have them returned after sterilization once they were educated about the new and free SNR program. So they call this the trap/neuter/go back program. So when people bring in stray cats to Miami-Dade, they have a managed admission program there.

So if there is not room, they tell people you can't leave the cat here, but we'd be happy to neuter it for you for free, and then you can release it back. And people are amazingly happy to have that option. And pearls of wisdom from the shelter directors in Miami-Dade, he says, "Just do it." and in Tampa, Scott says, "Take the leap of faith, and go big. Don't dabble; go all in."

And John, one of the early adopters at San Jose Animal Care and Services said, "Once we fully implemented our return-to-field program, the only real regret we had was that we didn't start it sooner. It has opened new horizons for us, and helped us see that more is possible. We no longer justify taking a healthy cat's life; we defend saving it."

*Lynne Fridley:* And we have our next poll question. This is on return-to-field. "Where is your organization now with return-to-field; already doing it and love it, early in the process of implementation, planning to start, intriguing new idea, will think about that, and doesn't sound right for us." Please be aware that we may run over on our time of 90 minutes.

I know this is interesting stuff, and we will take a few questions at the end even if we do go into overtime. So please hang in there with us. Let's look at the results. Well, this is a little lower than the last one, Dr. Levy, but still some good results.

*Dr. Julie Levy:* Yeah, it looks like we still have about half of shelters that are doing it at some level, and some others that are going to give it some consideration. So I'm going to finish up now with some logistics about participating, and how everybody can play a critical role, regardless of who you represent. So as far as who is going to be submitting data and be called a million cat challenger, this will be our physical shelter facility.

So any kind of animal shelter, whether it's an open admission or a nonprofit, or municipal shelter, can submit data to us. They will enroll because they want to work with at least one of the five key initiatives to reduce euthanasia or increase live release, and provide capacity for care. And really, anybody who wants to use these tactics and go to our website to find them can do so.

They don't even have to be a million cat challenger to do it. But we hopefully will get to count their data so we can track out effective we're being. And if you go to our website, you'll see this map with little cat faces populating North America as more shelters come onboard. Here's how the map works.

If you go to our website, in the upper right corner, you'll see a little box with a number, and that's how many cats' lives have been pledged to be saved so far. The way this works is we're going to use 2012 for all the shelter's baseline because that's when we first started talking about these initiatives. And then when shelters enroll, we'll ask them to estimate how many more cats they're going to save in that current year than 2012.

Whether it's through changing – and this is – the statistics that we're asking, it's only three numbers. What is their live intake, what is their euthanasia, and what is their life release? And we're collecting this in number of caps, not percentages. So we really want the raw data because we're going to do the math for the project. The shelters don't have to. And then when the New Year comes, we'll be collecting their actual results from the previous year, and asking them to pledge a new amount for the coming year.

And the way we count the number of lives saved is either reduction in euthanasia or increase in live release. We picked a number that is higher for the shelters and add those up. So we're not counting them twice. Each cat can only be saved once. We also, in order to protect shelters and make this the really safe place for having these conversations and sharing data, we're just pooling the data and we're not asking shelters to publicize their individual data. And we're going to welcome everybody even if they can only save one cat.

*Dr. Kate Hurley:*

Hey Julie, can I just add one cat counts, and there are even some shelters in the challenge that are already at a point where not only is euthanasia down near zero, but also intake is going down because they've had so much success in reducing the number of unwanted cats in their community, and they can't even find any cats for their neighbors to bring in. So live release is going down even though it's still all the cats that could reasonably be released alive.

And so even though shelters are welcome to join, even though shelters can benefit from capacity for care, and those shelters can certainly teach the rest of us and learn from the rest of us, and help us move the whole initiative forward.

*Dr. Julie Levy:*

And I know there's a lot of people on the call tonight that actually don't have a shelter, and they're wondering how they can participate. And I think everybody understands that the shelters will not be able to do this alone. Shelters need all-in communities that are doing TNR and transfer to rescue groups, and fostering, and advocacy and money, and a lot of support to help us meet this audacious goal.

So we're inviting non-sheltering organizations to join as an official supporting organization. And there is a form for that on our website. So if you have a can't rescue group, and you want to help your shelter be successful in the Million Cat Challenge, you can sign up and submit your logo and appear on our website. We need everybody to help us move this needle. So what can you do? You can meet with your shelter, get them engaged and excited about signing up for the Million Cat Challenge, and ask them what you can do for help.

What do they need to implement these new tactics? Is it volunteer time? Do they need more money? Are there some items that they need, or facilities that they need? And do they need a partner group? A lot of these shelters that are coming onboard now are doing it in the context of a partnership like with a TNR program or a spay/neuter program that is going to help them reach these goals. You can sign up for our newsletter on the website, go to our Facebook page and share, and help create a lot of excitement around these initiatives, or make a donation to the Million Cat Change.

So our last pearl of wisdom to sum this up is from a shelter director or a supporter of a shelter, who says it so cliché, but don't give up. If your organization TNRs one cat a month, that's 12 fewer cats a year out there having or making kittens. If you hang in there, you'll gain momentum and attention, get more funding and donations, recruit dedicated volunteers, and in a long run make a huge difference in the life of thousands of cats.

So can we count you in? Are you a shelter or a supporting organization that's going to help us save a million cats and make your community a better place for cats? We do want to acknowledge and thank Maddie's Fund for making this project possible by providing a very generous educational grant for both UC Davis and University of Florida Shelter Medicine programs. This is our final poll question. "Will we be seeing you in the Million Cat Challenge?"

*Lynne Fridley:* And you can answer, “I’m a shelter or supporting organization, and we’re already signed up. I’m a shelter or supporting organization, and we’re going to sign up now. I’m a shelter, and I’m going to bring this back to my team for discussion, but we like the sound of the million.” Oh yeah, I do too. “I am with a supporting organization, and we are all in. I’m an individual who is going to help save a million cats, and I’m still skeptical. Stay tuned.” Please submit your answers, and we’ll look at the results. We’ve got a lot of people who have already signed up, and there’s over 30 percent of people who like the sound of a million. *[Laughter]*.

*Dr. Julie Levy:* That’s wonderful. A low level of skepticism, and we welcome that. I think everybody should be looking for evidence, collecting it, assessing what we’re doing, and we have our skepticism as well.

*Lynne Fridley:* Great. Let’s move onto questions right away since we’re running over. Is that okay, Dr. Hurley and Dr. Levy?

*Dr. Julie Levy:* Sure.

*Lynne Fridley:* Okay. Great. So here is the first question. “Where’s the data that these animals are going to be okay?”

*Dr. Kate Hurley:* Should I take that one first, and then we’ll go to Julie?

*Lynne Fridley:* Yes. Sure.

*Dr. Kate Hurley:* One thing is we’re working against the data that tell us clearly when the animals are not okay. So we are proposing alternatives to overcrowding in shelter and euthanasia of healthy cats. So we have a baseline to work from that gives us a lot of room for improvement. And as these programs have been implemented, we’re actually – gathering more data that these animals are okay then really supports the notions that we had previously about why we thought they weren’t okay.

One of the things that tells us about whether these animals are okay is simply the body condition of cats that are coming into shelters. The vast majority of cats that come into shelters and would qualify for these programs are in good shape. They were thriving where they were. Some of the data that these animals are okay comes from this, the tens of millions of cats that are out and about in the United States. Some of the data that these animals are okay comes from looking at intake and DOA pick-ups in communities where return-to-field programs have been implemented.

And seeing not only intake going down, but cats picked up down the road going down as well, suggesting that there are fewer cats out and about and

at risk in our communities. Some of the data of these animals are going to be okay comes out the ASPCA and other's work following up on people who have adopted animals for free or obtained them spontaneously, or obtained them as gifts. So the data is in all different places.

Some of that will be gathering on the Million Cat Challenge website as part of our resources, and some of that will continue to emerge as more and more shelters and communities embrace and track these ideas. But always remember, compare it to the baseline of where we are today, when still the majority of cats that enter our nation's shelters do not leave alive.

*Lynne Fridley:* Thank you. Dr. Levy, where does the funding come from for other shelter's return-to-field programs?

*Dr. Julie Levy:* This is a challenge for all of us that are running these programs. So there is a few national grant organizations that actually have open grant periods right now. Pet Smart Charities has an opportunity for a quarter million dollar grant, and a half a million-dollar grant. And they are really targeting a lot of effort at municipal shelters for these grants. So now is the time to put together a community collaboration between your municipal shelter and your nonprofit groups in a community, and get one of those really big grants.

Petco also – the Petco Foundation is also – has open application right now on their website, and they likewise are putting their money preferentially at municipal shelters at this time. So that's two places to go right away. Both of these funders are looking for pretty sophisticated proposals, and they're looking for community collaboration and data tracking and outcome assessment. So they, too, want to see the evidence for whether these programs are working or not, and they expect their grantees to provide that evidence.

We do about 3,000 TNR surgeries a year here in our private group, and most of our funding comes from the local community. We ask our residents to support us and make this program possible that's improving our community. It takes a lot of work, but it think that's where most of us are going to get our funding.

*Lynne Fridley:* Excellent. So Dr. Hurley, for those that argue that the cat population is too high, how do you describe the Million Cat Challenge to them?

*Dr. Kate Hurley:* I'm not sure that I totally grasp the question. I'm going to take a guess that this is for those that would argue that failing to euthanize a million cats is going to add to our troubles in this world. And I will answer that in two ways. For one thing, July showed you the slide of how many cats are

out and about. Ninety million pet cats, 60 million unowned cats out there roaming around –150 million cats.

Even if we save a million more lives, that would be less than one percent more cats out and about in the world on a given day. It won't make a difference in the number of cats in the world, in the impact that they have on wildlife, on public health, on the amount of annoyance they cause in the world; it will make a universe of difference to us and to the success of our organization.

And that's where I would answer part two of the question; we are the organizations who will solve the problems associated with cat overpopulation in communities when we are up to our eyeballs in cats, when we are overcrowded, when we are spending our time and our money, and our energy and our creativity, and our hearts and our souls euthanizing cats, we cannot do the rest of our job. So by saving a million more cats, and then a million more, ultimately we will also be successful in bringing community populations into balance.

*Lynne Fridley:* Thank you.

*Dr. Kate Hurley:* But ask me what I really think about that. *[Laughter]*.

*Lynne Fridley:* *[Laughter]*. Okay.

*Dr. Kate Hurley:* No, no. *[Laughter]*.

*Lynne Fridley:* All right. Let's take one last question. And for either one of you, this one will be our last question for the evening. Doctors Levy and Hurley have agreed to do a Q&A document for those of you who didn't get your question answered. We will have that posted on our website as soon as possible. "We just passed legal TNR, but our shelter kills cats labeled as feral within hours of arrival at our shelter. Any suggestions for changing that institutional policy?"

*Dr. Julie Levy:* I can take that one because that's how our – our shelter always had a hold time for feral cats, but definitely was acknowledge at the moment a cat that came in was terrified, was on a path to euthanasia, and there wasn't any alternatives for it. And if you think of your own cats as pets, you know that some of them would act feral in an animal shelter. And most of you who support animal shelters and work in animal shelters wouldn't necessarily volunteer your own cat to live in one because it is extremely stressful in many, many circumstances.

So this is the kind of thing we're looking for is to get your shelter to look at some of the content we have, to talk to them about how you can help



them think of some alternatives for these cats, recognize that not all of the cats that come in are probably stray and homeless. There might be owners looking for some of those cats that are acting terrified.

And that simply developing a cycle of allowing unfettered reproduction of cats in the environment, and skimming off a small fraction of them for euthanizing them at the shelter, is doing nothing for the long-term resolution of that problem and that community nuance, and yet it is costing a lot of cat lives. So the tone of our Million Cat Challenge is intended to be very positive.

We are offering resources and camaraderie and mentoring and hoping to move the needle, and help shelters discover some new ways to manage cats. And this is a great opportunity for you to go to your shelters with a real positive approach, and see how you can help them.

*Dr. Kate Hurley:*

Can I just add a little bit to that one? One of the really exciting things to me about that book *Switch* that I started out with was this concept of shaping the path, and that instead of trying to change people's ideas, just change the behavior that's easiest. And I would suggest for those groups that are trying to have more TNR happen in their communities, shape two paths. One, shape the path for the public, who might be thinking about bringing a cat to the shelter, and make it easier to bring them to your group instead.

Put up big signs, have fun publicity, let people know if they're annoyed by a cat or worried about a cat in their environment, they can bring it to you instead of bringing it to the shelter. And then also shape the path for the shelter. Remember that comment from the hardheaded animal control director. So many times what seems like resistance to change is fear that it's not going to work there. And so bring support, bring resources, bring understanding, bring communication, bring help to the extent that you can.

And just as shelters, we need to trust our communities that they want to step up and respond more successfully and creatively to cats as communities trust our shelters and give them the opportunity to step forward and embrace these new ideas. I really believe we can do this. We can do it together as a profession, and as communities, and as a country.

*Lynne Fridley:*

Well, thank you very much, Dr. Levy and Dr. Hurley. This has been really interesting, and I know that the audience is just ready to go out there tomorrow morning and implement some of these initiatives. So that's the end of our event this evening. We want to thank Dr. Hurley and Dr. Levy, and especially all of you for your time tonight. Don't forget to go to the widget at the bottom of your screen, the resource widget, and print out your certificate of attendance.

Please click on the link on your screen to take our evaluation survey. The survey is also available in the resource widget, and on our website. The link will be emailed to you, and we'd really appreciate if you'd take a few minutes to fill it out. We also hope that you'll join us for our upcoming series of webcasts on itching in dogs and cats, and other dermatology topics with Dr. Karen Moriello.

The series begins on February 7, and runs throughout the spring. You can get more information and register on our website at [www.maddiesinstitute.org](http://www.maddiesinstitute.org). We have really enjoyed sharing our evening with you. Good night.

*Dr. Kate Hurley:* Good night.

*[End of audio]*