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Abstract

Managed Intake – a powerful tool to providing better care and outcomes

Managed intake is distinct from limited intake and refers to any form of regulating or scheduling intake, from simply limiting the hours for drop-off and closing night drop boxes, to scheduled intake appointments, to a formal process of surrender interviews with extensive efforts at providing support and alternatives. In short, managed intake can be thought of as the "how" and "when" of intake, but not necessarily the "who."
Even shelters with an obligation to take in all animals presented to them (either by law, contract or policy) can benefit greatly from scheduling intake to smooth out fluctuations, plan for staffing and match capacity to provide the best humane care and positive outcomes. Far from meaning more animals will be turned away, for both limited and open-intake shelters managed intake is often associated with serving more, rather than fewer, animals over time.

Full Presentation

Historically and even more now as the public turns to the animal shelter in their community to do more to help all animals, the shelters feel increased pressure to take in every animal that comes to their door. Open admission has meant never turning away an animal. However, by shifting the discussion from which animals shelters will or will not take in (open vs. limited admission) to which animals do or do not need sheltering, we can embrace new paradigms that help more animals, reduce crowding & euthanasia, improve welfare (for animal *and* staff) and save more lives overall.

To truly provide a service that is in the animals', the shelter's and the public's best interest, we as shelters need to ask "can the best outcome be given to this animal if they enter our shelter today?" Many times delaying or diverting entry completely provides a better outcome for the animal and allows the shelter to focus on their mission – helping the animals that need to be helped; the injured, the sick, the abandoned un-weaned and those that are posing a risk to public safety.

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Managed intake

Managed intake refers to a thoughtful process whereby admission to the shelter is either diverted completely or to a later time (i.e. scheduled) based on the shelter's capacity to provide care and in some cases, assure a live outcome for each animal admitted. While it might be expected that diverting or scheduling intake would lead animals to be abandoned or suffer worse harm in the community than would be incurred by admission to a crowded shelter, in practice these fears have not been borne out.

On the contrary, managed intake has been linked to decreased intake, decreased crowding and costs and in some cases dramatic reductions in euthanasia, all combining to increase welfare and positive outcomes for animals. Any animal that is not a hazard or subject to undue risk (as these should be taken in immediately) can be diverted or admitted as part of a managed intake program.

Most commonly these programs start with targeting owner surrendered animals and un-owned cats; however some shelters even manage the intake of stray animals. One shelter director's rationale for a managed intake program for cats can be found at: http://www.maddiesfund.org/Maddies_Institute/Articles/Cats_by_Appointment_Only.html A thought provoking quote from this entry – "I was ready to try something different. Dying while in the care of an animal shelter was far worse in my estimation than the fear I had for the cats that might potentially be abandoned by owners."

For animals that are going to enter the shelter a database can be created to manage appointments or a simple paper-based system can be used. Priority for admission should be given to juvenile animals (old enough for adoption, young enough to be maximally cute), as delaying intake of youngsters for more than a short time may allow them to grow to a "less-adoptable" stage. An average wait time of 5-7 days may actually help community members resolve problems on their own, bypassing the shelter system entirely.

For animals who are awaiting their appointment and for those who will not be admitted, resources should be provided to resolve common issues, including free pet food from a community food bank (at the shelter or elsewhere), sources for low-cost spay/neuter and other medical services, behavioral information and help to resolve common issues, and information and web-based posting sites to help finders reunite lost pets with owners and help owners rehome pets safely on their own.

Examples of shelters' resource pages for alternatives to taking an animal to a shelter can be found at:
http://www.animalhumanesociety.org/admissions/alternatives-surrendering-your-pet
http://www.sfspca.org/programs-services/re-homing

Guidelines on establishing a managed intake program for cats can be found at:
http://www.maddiesfund.org/Documents/Institute/Cats%20by%20Appointment%20Only%20Waitlist%20Guide.pdf

Avoiding decision fatigue
"Decision fatigue" is a well-documented phenomenon in which the quality of decisions deteriorates after extended sessions of decision making. This is no reflection on the intention, intelligence or effort of the decision-maker, but a simple result of depletion of the brain's resources. After a barrage of choices, people are simply unable to rationally evaluate the choices at hand. The greater the consequences to be weighed with each choice, the more rapidly decision fatigue sets in (for instance, several studies have found that poor people are more depleted by shopping than wealthy ones, perhaps because each choice requires a greater trade off). Fatigued decision makers often resort to the "default" choice, the one which tends to support the status quo.
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This is an important consideration for us as animal shelter professionals. Not only are choices abundant and relentless, the consequences are often profound. The "default" choice for an animal's future is often to make no choice at all and simply hope for the best. This hazard exists for shelter intake choices as well as euthanasia choices – sometimes the emotional impact of declining an animal for admission or transfer can be similar to selecting an animal for euthanasia Unfortunately, the default choice too often results in prolonged length of stay and a reliance on deteriorating health or behavior to "decide" the fate of animals.

In order to prevent decision fatigue from adversely affecting choices (or lack there-of), decisions should ideally be made early in the day or after a break – and a snack, as glucose helps restore decision making ability. Decision making responsibility should be rotated between individuals if possible. Good decisions are easier if less dire alternatives are developed: trap/neuter/return-to-field instead of euthanasia for a timid cat, for instance, or deferral of admission rather than flat out refusal.

Most importantly, decisions with major implications - such as those that relate to intake, adoption and euthanasia - should be based on a set of criteria decided upon in advance by a group of knowledgeable stakeholders. With these criteria in place, the "default" decision is to comply with the thoughtful plan, and the active decision is to deviate from these agreed upon standards. This has the added benefit of relieving the weight of decision making from the shoulders of any one individual – even if they are the ones making the actual choices, the responsibility is shared by all who helped in the plan's development.

Adoption/intake criteria

There has been much discussion in the sheltering community of euthanasia criteria, but less discussion of the flip-side of that decision, admitting an animal or making it available for adoption. However, these choices are two sides to the same coin.

For a limited intake shelter with finite capacity, deciding to admit or transfer some animals often means deciding against others, whose fate may be euthanasia at another facility. For an open intake shelter, if animals are routinely admitted in excess of the number released alive, the "choice" is made daily that some animals will be euthanized. It only remains to be seen which ones. If the policy is additionally not to euthanize for space or time, the default system will be awaiting development of illness or behavioral disorders.

For animals not yet admitted to the shelter and not in immediate danger, intake can be deferred until a more favorable time period. The owner or finder can be provided with a realistic assessment of the outcome should the animal be accepted for admission, and resources can be provided to allow them to keep or rehome the animal in the meantime.

For animals already in the shelter, alternative avenues of live release may be available. For healthy stray cats, spay/neuter/vaccinate and return to the location found is an increasingly popular choice. When this is not an option, less readily "adoptable" animals can be sent to long term foster care to be adopted from there or for return to the shelter at a better time, e.g. after kitten season or to coincide with major adoption promotions. Meanwhile, they need not sit in a cage awaiting adoption when their chances are low and the space is needed for others. Ultimately, even if the choice is euthanasia, a conscious decision-making process will protect more lives, avert more suffering, and conserve more resources for life saving programs.

Each shelter and community has a finite ability to rehome animals within any given time period. The need often far exceeds this capacity. These are difficult realities to acknowledge. However, facing them and making conscious choices about priorities and alternatives can be profoundly empowering. This is where managed intake and making proactive thoughtful choices can be such incredible tools.

Protecting the youngsters and creating alternatives to adoption/intake

One of the most important roles of adoption/intake criteria is to protect the most vulnerable and, in many communities, the most adoptable animals: puppies and kittens. Juvenile animals are most likely to enter the shelter with minor treatable conditions, and most likely to succumb to disease associated with crowding.

However, if these conditions are treated or prevented, in many cases these youngsters are almost certain to be adopted. If a shelter is chock full of adults, the "default" choice may become euthanizing a youngster with a treatable illness, or allowing a more serious illness to sweep through a crowded shelter and take the choice out of human hands. For a limited admission shelter, highly adoptable puppies and kittens may remain at risk in the community or at another shelter, missing their best window for adoption, while the shelter is packed with slower-moving adult pets. Meanwhile, some healthy but less "adoptable" (e.g. shy, older) adult animals may sit and wait for adoption for weeks or even months. Neither population is well served and fewer adoptions overall are achieved while considerable additional stress may be incurred by animals confined long term.

Creating adoption/intake criteria becomes easier if we remember that the alternative need not be euthanasia. In fact, accurately identifying animals with a low chance of adoption *in a particular shelter at a given time* increases the opportunity for alternatives to be provided. For animals not yet admitted to the shelter and not in immediate danger, intake can be deferred until a more favorable time period. The owner or finder can be provided with a realistic assessment of the outcome should the animal be accepted for admission, and resources can be provided to allow them to keep or rehome the animal in the meantime.

For animals already in the shelter, alternative avenues of live release may be available. For healthy but fearful stray cats, spay/neuter/vaccinate and release to the location found (return to field or SNR programs) is an increasingly popular choice. When this is not an option, less readily "adoptable" animals can be sent to long term foster care for return at a better time, e.g. after kitten season or to coincide with major adoption promotions. Meanwhile, they need not sit in a cage awaiting adoption when their chances are low and the space is needed for others. Ultimately, even if the choice is euthanasia, a conscious decision-making process will protect more lives, avert more suffering, and conserve more resources for life saving programs.

Getting into the finer points: fast track/slow track

While many adopters will come to the shelter seeking the classic "highly adoptable" friendly, healthy, young pet, there are also adopters that either come in wanting to be a hero for a special-needs pet, or fall in love in spite of themselves with an animal not meeting the classic adoptable profile. It can be helpful to include some animals with special needs and challenges in the mix of animals available for adoption – not only to serve the animals, which is a given, but to help convert every potential adopter who walks in the door into someone walking out with a new pet. These animals can be thought of as "slow track" animals, while the classic cute youngster or purebred can be considered "fast track".

In reality, if the balance of available animals is right, both groups can move through the system quickly. With a flag that an animal is at risk for being "slow track", extra measures can be taken early on to promote and highlight the animal. If slow track animals do tend to stay longer, housing can be planned that accommodates a longer length of stay while preserving adoptable behavior and maintaining good welfare. Intake/adoption criteria can ensure that the balance of slow track/fast track animals is in line with the potential for adoption and the shelter's ability to maintain good care for each one.

Defining "unadoptable"

Identifying animals that are clearly not adoptable at a given facility helps make a "first cut" and entails a more easily defined set of standards than deciding amongst animals of varying levels of "adoptability". To start with, develop a list of medical, behavioral and other conditions that will automatically disqualify an animal for adoption or admission. Note which of these, if any, will also disqualify an animal for rescue or other avenues for live release (e.g. spay/neuter/vaccinate/return).

Examples may (*or may not, depending on shelter and community resources*) include: history of biting or seriously injuring humans; history of killing livestock or other pets; un-handle-able for examination or vaccination (define time frame after shelter intake to allow adaptation to the new environment); biting, snapping, or otherwise showing serious aggression towards staff during routine care or behavioral evaluation (policy may vary by breed/size; be aware that food guarding in some cases may not persist after adoption); chronic debilitating or fatal progressive conditions such as kidney failure, diabetes, cancer. Even in these cases, exceptions may be warranted (e.g. due to a special circumstances surrounding the animal's impound or an extraordinary personality).

Defining adoptability criteria for "adoptable" animals

Unfortunately, in many communities more fundamentally healthy (or readily treatable), behaviorally sound animals are presented to shelters than are released alive. Choosing amongst these animals for intake or adoption presents a much more difficult dilemma than simply making a list of criteria for "unadoptable".

Fortunately for dogs, the imbalance between intake and adoption tends to be less than for cats in most communities. Therefore, the rest of this discussion will focus on cats. The same principles can certainly be applied to dogs if need be, or applied to particularly over-represented breeds of dogs within a given community or shelter.

The first step in defining criteria will be to identify, and eventually to appropriately "weight", the characteristics that influence the likelihood of adoption. These characteristics will generally include age, color, behavior, health, and physical characteristics (e.g. weight, size, coat length, extra toes). However, the weight of each of these will vary by shelter and often over time within each shelter.

You can download and modify a sample scoring system here to help identify fast track vs. slow track animals in the shelter.

Ideally, the goal would be to admit, or place up for adoption, only those animals that are reasonably likely to be adopted based on both individual characteristics and overall numbers. Over time, adoptions will likely increase and criteria can be expanded to include an ever-widening pool of animals. Ultimately, the only animals admitted to the shelter for euthanasia would be those that are a danger to others or are irremediably suffering.

Establishing the baseline

As a baseline, determine how many animals entered the shelter free of any of the criteria for non-adoptability as described above (e.g. dangerously aggressive, terminally ill). This report is readily available from most shelter software if data are entered accurately. These are the "Theoretically Adoptable (TA)" animals amongst which choices may need to be made for actual admission or adoption. If data are not available, a conservative estimate is that no more than ~ 10% of cats entering shelters are fundamentally unadoptable by reason of health; outcome reasons can give a guide to the proportion of cats released or euthanized as "feral".

Subtracting these proportions from the total intake can give a rough estimate of the number of cats that are theoretically candidates for adoption.

The next step is to determine what proportion of these TA animals are actually adopted by looking at adoption as a percentage of the number of TA animals admitted. The aim of adoption criteria will be to develop alternatives to intake for the approximate percentage of TA animals that are not adopted. So for instance, if only 25% of TA cats are adopted out of a particular shelter, the goal of screening criteria should be to identify approximately the 1 out of 4 cats most likely to be adopted.

Cats not making this cut may be candidates for SNR or owners/finders may wish to keep or rehome the cat themselves. If these options are not available, these cats should be prioritized for rescue or, if all else fails, will be candidates for euthanasia. Remember, a decision making system will not increase euthanasia, only codify the criteria to allow a more consistent, thoughtful, and humane process. Not admitting a cat is always an option if euthanasia is not a preferable alternative to the cat's existing circumstances.

To learn more about SNR/return to field see http://www.millioncatchallenge.org/resources/return-to-field

The Power Point from this presentation will be made available to G2Z Summit attendees and questions can always be submitted to the presenter at clkarsten@ucdavis.edu.