

**Executive Summary**  
Shelter Evaluation  
Report to Management  
Michigan Humane Society  
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Maddie's® Shelter Medicine Program  
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## **Executive Summary**

In the Fall of 2011 the administration of Michigan Humane Society (MHS) asked the Maddie's® Shelter Medicine Program at Cornell University to conduct an on-site evaluation of their shelter system. Specifically we were asked to comment on:

- Medical part of the Evaluation Assessment,
- Population Health Management/disease containment
- General Animal Husbandry and Nutrition
- Cleaning/Sanitation Practices

The recommendations in this report are based on background information provided to us by MHS before our visit, data collected from all three shelters during our site visit (2/6 – 2/10), and on conversations before, during and after our visit. We have made numerous recommendations regarding the health management of MHS animals with the goal of minimizing disease.

Although we have made many specific suggestions, they are based on a limited snapshot of MHS operations. For this reason, the goals behind our recommendations should be the *most* important focus. We recognize that MHS staff members are in the best position to problem-solve how to achieve these goals in your organization.

We commend the Michigan Humane Society for electing to have an objective evaluation by an external neutral organization such as a Shelter Medicine Program. In talking with many members of the Michigan Humane Society team – from high-level management to direct animal care attendants – we were impressed with the organization's commitment to providing comprehensive, quality care for the animals under its protection.

### **Shelter intake and outflow of animals**

During our discussions of factors impacting the health of MHS animals, the issue of the magnitude of MHS intake arose. Intake is an important issue in that if a shelter (or shelter system in the case of MHS) accepts more animals than it can place through adoption, transfer programs and other outlets for live animals (e.g., returns to owners), then it must euthanize animals to avoid filling up and exceeding its capacity to provide good care. Euthanasia has been the traditional approach for shelters over the years to manage an imbalance between intake and

outflow of live animals. Beginning roughly 25 years ago, questions were raised about whether shelters had become too reliant on euthanasia as a tool and were not considering many other strategies to save lives. In response to this criticism, shelters have added many new approaches to save lives such as offsite adoption venues (e.g., PetSmart), online postings of available animals, enhanced foster care programs, promotion of special needs animals, modernizing of facilities to draw in adopters, etc. Many of these are aimed at increasing outflow. We were not asked to comment on MHS adoption and other outflow strategies, but clearly from your website and from our conversations, MHS has many of these strategies in place.

Another approach to reducing or eliminating reliance on euthanasia to manage the numbers of shelter animals is to adopt strategies to minimize intake. Numerous approaches to minimizing intake have now become commonplace such as subsidized spay/neuter programs, limited admission programs, behavior hotlines, etc. For open admission shelters such as MHS, thinking about reducing intake is challenging. Almost all open admission shelters place boundaries on the communities they serve (e.g., aligned with the communities with which they have animal control contracts or natural geographic boundaries). This is because, without boundaries, there is no end to homeless animals and no shelter or shelter system will ever have the resources to help all homeless pets.

Currently the boundaries of communities served by your three shelters are fuzzy at best, and with increasing pressures in Southeastern Michigan communities to reduce operating budgets and curtail or eliminate animal control activities, MHS has been (and will continue to be) asked to assume responsibilities for an ever-increasing population of animals. No one organization can address the needs of all Southeastern Michigan communities. A frequently overlooked aspect of sheltering is the failure to recognize that it is not a humane organization's job alone to rescue a community from its unwanted and homeless animal problem. Communities are the source of the problem, and overall solutions are only possible when shelters, rescue groups, animal control providers, other animal-interested groups, and government work together to find solutions. When shelters assume primary (if not sole) responsibility for the welfare of the animals in their communities (consciously or unconsciously), they enable pet owners, government officials, and the general public to escape their responsibility for community animals.

MHS must re-examine its Mission and clarify the limits of its obligations. Being an open admission shelter system does not obligate your organization to serve all animals in need, as there is no end to the number of homeless animals. Organizations that attempt to serve more areas than their resources can support will ultimately succumb to serving no area well.

If the shelter adheres to its strategic plan to save more treatable animals (and we support this objective), important decisions must be made regarding the nature and extent of the populations your shelters serve. Attempting to serve more communities than you have resources to manage, while also attempting to achieve a higher live release rate for treatable animals, is a recipe for failure.

If, despite the employment of intake-related and outflow-related strategies, intake still exceeds outflow, then shelters either must euthanize animals (for whom they cannot provide adequate care), or face overcrowding, lengthy stays in the shelter, and ultimately, high disease rates. Many shelters, attempting to save lives, hold too many animals for too long, and by doing so, “cause” animals to become sick. Sick animals suffer, must generally be held longer (occupying badly needed cage space) further exacerbating overcrowding and contributing to high disease rates. MHS is currently in this position.

Reducing intake into and increasing live outflow from a shelter is *essential*. While continuously working on these goals, additional strategies for managing the health of shelter animals *must* be employed to minimize disease and maximize the use of available housing and staff. Our shelter medicine program was asked to make recommendations to principally address these strategies. *Our recommendations will be minimally helpful, however, if MHS accepts more animals than it has housing and staff resources with which to provide adequate care.*

## **Population Health Management**

Research has demonstrated that overcrowding, prolonged residence in the shelter, failure to adhere to strict biosecurity measures and animal stress are among the most important

contributors to the occurrence of infectious diseases in populations of shelter animals. Therefore, many of our recommendations target achieving: reduction of overcrowding, careful crafting and strict adherence to disease-reducing protocols (e.g., spot cleaning), managing the timing of admissions, reduction of length of residence in the shelter (using flow-through planning), efficient animal evaluation procedures and reducing animal stress (e.g., minimizing cat handling). Our recommendations are aimed at helping MHS enhance its achievement of these goals. We use the word “enhance” because MHS has already adopted many effective strategies directed at minimizing disease.

### **Creation of a Comprehensive Shelter Medicine Program**

We believe that the creation of a comprehensive shelter medicine program will facilitate reaching the health-related goals mentioned above with the ultimate goal of improving the health of the animal populations of MHS (and the individuals within those populations). The creation of a comprehensive shelter medicine program should begin with the hiring of a Director of Shelter Medicine Services. The administration of MHS stated from the outset of our collaboration that its intention was to hire a Director of Shelter Medicine Services, a veterinarian charged specifically with oversight, as well as provision of medical services for the shelter animals in the care of MHS. Eventually a shelter medicine trained veterinarian was envisioned for each facility, and we support these goals.

Although MHS operates full service veterinary clinics at each of their facilities -- employing over a dozen veterinarians -- these clinics act primarily to provide quality care to owned animals, as well as to generate revenue for the organization. In the current system, the provision of veterinary care to the shelter animals, on an individual basis, is performed as an adjunct duty for the community clinic veterinarians (already engaged in very busy clinic days). Although historically shelters have relied on private practitioners to provide veterinary services, acting as a shelter veterinarian is not a role to be accomplished within a couple of hours a day, or without additional training in shelter medicine. Comprehensive shelter medicine programs require veterinarians committed to the care of shelter animals with specialized training in herd health protocols, preventive medicine, population management, high quality, high volume spay neuter,

cruelty investigation, and they must practice population-level care, in addition to resourceful individual animal medicine. The shelter veterinarian acts both at a medical and a management level on a daily basis, and should be directly overseeing the medical staff that provides evaluation and treatment of animals. Additionally the shelter veterinarian should be involved in management decisions that have health implications, collaborate closely with managers that oversee staff interacting with animals, help create and review operations protocols (e.g., cleaning and disinfection), and participate in population flow-through planning activities, ongoing staff training, and all euthanasia decisions. She/he should also be engaged in setting health-related goals and monitoring progress towards the improvement of the health of the shelter populations.

It is our belief that hiring a veterinarian to act as the Director of Shelter Medicine is critical for MHS. We also believe that eventually MHS will need a shelter medicine veterinarian in each of the other facilities as well. MHS veterinarians in the clinical practices cannot provide excellent care both to their private clients and to the shelter animals.

## **Facilities**

The limitations of MHS physical facilities – especially at the Detroit and the Rochester Hills facilities – are unlikely to be news to anyone reading this report. Many of the pitfalls were fully acknowledged by members of management and staff in the course of our visit. Both of these buildings were constructed when the mission and focus of the organization were different. Re-purposing buildings is always difficult, and especially so, when operations must continue in the midst of attempts to make physical improvements.

Universally, a lack of isolation facilities for both dogs and cats challenges MHS’s ability to control disease and to achieve its evolving mission to save more “treatable” animals. Keeping animals healthy when biosecurity and husbandry measures are constantly compromised by inadequate facilities is difficult, if not impossible. We have made some *suggestions* to management (including some detailed ideas for cage and room reorganization) as a temporary fix, but especially for the Detroit facility, maximal and lasting improvements can only come from a capital campaign and a new building (as you know). We strongly encourage consultation with a shelter medicine specialist at the architectural plans stage of your new shelter design.

**Closing remarks**

It has been our pleasure to try to be of help to your organization. Although shelter medicine is still evolving, resources are available for shelters considering a comprehensive shelter medicine program. The Association of Shelter Veterinarians has published *Guidelines for Standards of Care in Animal Shelters* ([www.shelternvet.org](http://www.shelternvet.org)), which is a great place to start in understanding the complexities of a “Best Practices” approach to animal sheltering. Veterinary college programs such as our own focus on educating this generation of veterinary graduates regarding topics related to population-level care of homeless companion animals. We are willing to help direct you to other resources as MHS moves forward and hope to continue to be a resource for your organization.

Sincerely,

Dr. Scarlett

Maddie’s Shelter Medicine Program at Cornell