

WHOLE CAT WORKSHOP

March 25, 2007

- I. SCFAW History - founded & 501(c)3 status in 2001 (read mission, stress subset goal of curbing the population crisis in cats) Quick Fix Clinics are our flagship program. I'd like to go through some of our history, lessons learned and how we came to choose the model as well as the model itself.
 - a. TNR first - trapped close to 200 colonies between 2001 and 2005 throughout northern Worcester County; we thought TNR was an easy solution: you just trap, neuter and return, set up stations and good rapport with caregivers, end of story ...next colony.
 - b. Then we found a good half if not more (and in some cases all) of the colonies were tame, TNR became not so easy a solution. Rescue and adoptions program followed.
 - c. At the height of our adoptions program, we even had a small adoptions center in Shrewsbury; we were 24/7 and severely understaffed
 - d. Pivotal learning point that grassroots street work was not for our small group in a big sprawling suburban territory: we had every single colony identified, s/n'd and managed in Clinton, MA around our hub of veterinary care in CVH. Then 6 months later we began getting reports of colonies with kittens popping up in new areas around town. How could that be?
 - e. 3,500 spay/neuters, nearly 1,000 adoptions, over 4 years, was it enough and was it the right direction?

- II. 5 "Crazy Cat Lady" Lessons Learned
 - a. Lesson #1: the distinction between community service (helping the few) and population control (helping the many) as a guiding principle. Oh, those kittens! They draw volunteers and donors.; program is so "feel good". As distinct from the fairly unglamorous population control, spay-neuter focused program. It's all about the amount of money you blow through for the number of cats you serve.
 - b. Lesson #2: focus, focus, focus on the goal, what are we trying to accomplish; we were a bit sprawling, s/n was lost in so much else.
 - c. Lesson #3: benefit of networking, we realized we couldn't stay focused and deal with all the calls for help from our old programs: we needed to embrace other groups large and small to help us with the public's needs..., ACOs, shelters, vets; it took a cast of humans to create this problem, it'll take another cast to fix it
 - d. Lesson #4: bricks and mortar and 24 hour programs drain resources and again reach only a few, limited by geography. We recognized the need to go to each community
 - e. Lesson #5: Fact and Fundamentals: statistics, knowledge of your "turf". It's about orders of magnitude. We would LOVE to stop the suffering of every single homeless cat NOW! But the sad reality is that there are hundreds of thousands of homeless cats in Worcester

County! But only tens of thousands of intact pet cats in homes. The numbers pointed us in the direction most achievable and effective. Test of reasonableness is the question: What would the population of homeless cats do if there were no more infusion of healthy fertile cats? The likely answer is that it would ebb and flow much like wildlife. Limitations of food sources, the cold climate, cars and predation, all support this assumption.

- III. How can we make a difference? Steering Committee formed, tough decisions made.
- a. Shed the TNR and adoption programs, focusing on helping the many in a single aspect (spay/neuter) over the few comprehensively (full health, happy home).
 - b. A big hurdle: had to refocus/reeducate donor base, volunteers, the public; also established partnerships with other groups, shelters, ACOs, more veterinary clinics
 - c. Abandoned belief in a headquarters as it would limit our reach
 - d. Focus on the tens of thousands of pets owned by those challenged by the cost of spay/neuter services: Low income story, federal poverty guidelines: per MSPCA in 2001, 73% of all households earning less than \$25K per year owned cats. Of the 283K households in Worcester County 9.4%, as of the 2003 census, are at or below the poverty line, 73% of them is in the 10s of 000s
 - e. It shouldn't be that you have to be wealthy to take care of your pet, particularly for a one-time procedure like spay/neuter
- IV. New Direction: emphasis on Quick Fix Clinics
- a. Expand our high volume, subsidized s/n clinics to embrace low income pet cat owners exclusively and in a big way: over the next five years or so, we hope to have 25 clinics to cover 8,000 cats/yr
 - b. Today we have regular monthly clinics in Athol (Dr Michelle Bianco), Gardner (Drs Brian Hurley and Mike McTeague), Clinton (Dr Jim Bolger) at a rate of 1,500 per year at these.
 - c. With ones starting this spring and summer in Bolton (Dr Randy Caviness), Worcester (Dr Bart Murphy) and in E Brookfield (Second Chance Animal Shelter), with an anticipated additional annualized rate of 1,200; for an overall rate of 2,700 with these alone for 2008.
 - d. Next steps will be to add 5 more clinics in 2008 targeting the greater Fitchburg, Worcester, and Southbridge areas.
 - e. We feel we can use our strengths: our volunteers, marketing and fundraising skills, and central MA name recognition to best use while partnering with already established veterinary partners utilizing their strength as surgeons with compassion for the underserved pet owner.
 - f. The right partners are not easy to find. Veterinary practices succumb to the same pressures all businesses do. Concern for the economics of the clinics, staffing issues, fears that bargain hunters

and hoarders will prevail, limited schedules are real issues for which we have real solutions, but it is often difficult to get the parties to come to the table. Real solutions include making sure the vet partners costs are covered, securing grant money for equipment (like spay packs), offering per diem CVTs and vets from our volunteers, screening for repeat participants to learn their situations, and being flexible with our schedules to hold clinics whenever the vet staff can fit them in.

- g. In addition, we have developed legal consent forms to clarify the understanding between veterinarians, SCFAW and participants, a Partnership Agreement with minimum protocols between SCFAW and veterinary clinics, and Income Screening application processes. We are glad to share any of these with other groups interested in getting started.

V. Roles and Responsibilities

- a. Our role in this is to build alliances with pet owners in need, service providers and funding sources, reaching the point where subsidized programs don't have to financially overburden anyone; and to respect all parties as players, particularly the vets, who are not just tools for getting the job done. The main challenge is funding, but even this hurdle with a solid program and a track record is feasible. It is competitive, but foundations when they embrace you, can be very very supportive.
- b. Our veterinarians recognize that outside of their comfort zone of clients is a needy base of people that they have some social responsibility to support as best as they are able
- c. Success is a matter of understanding and commitment, with a shared vision of what the future should look like: shelters that can handle the surrenders of cats as they can for dogs in Massachusetts...

VI. A Dark Side

- a. The missing link is statistics: current local annual information on numbers of animals served (dogs, cats, homeless, pets, sheltered), numbers of animals euthanized or turned away from shelter doors, for starters.
- b. We need to know how we are doing!! Asilomar Accords offered promise. Can we rekindle or start with our own set of assumptions?
- c. We hope to start a north Worc Cty coalition this year with shelters in central Mass (we've talked to two so far) to gather stats, see if we make a difference on an annual basis. Take our own surveys.
- d. Our efforts are not fulfilled unless and until we can benchmark and detect progress. Without this we are walking in the dark by candlelight.