



## Fire Commission Report – May 2025

# EMS Division

June 11, 2025

Assistant Deputy Chief Tony Molloy



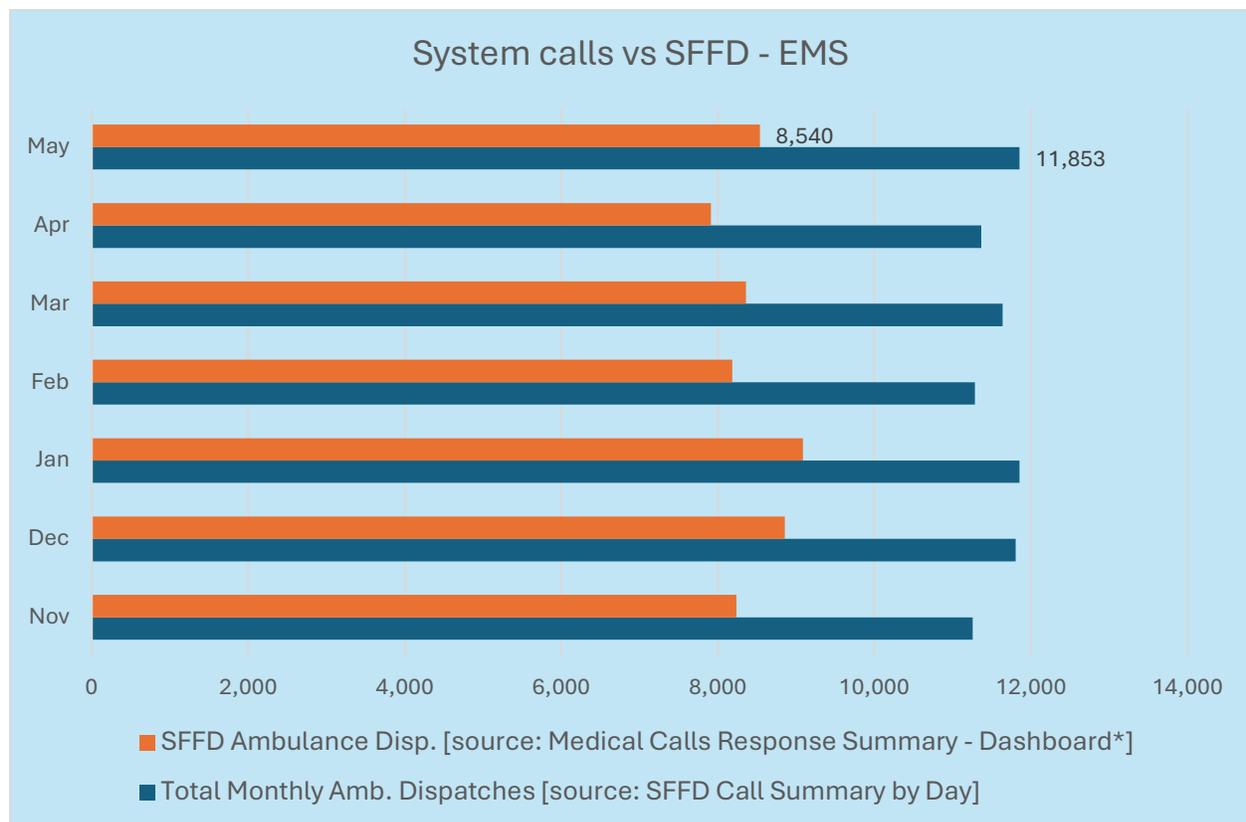
## Operations

### Monthly Call Volume

We are continuing with our review of the data presentation for our Fire Commissions. The goal is to give you the historical context and a graphical presentation to easier recognize trends. We are continuing to use a six-month review to make the presentation uniform. We may provide more information to compare yearly figures as we move forward.

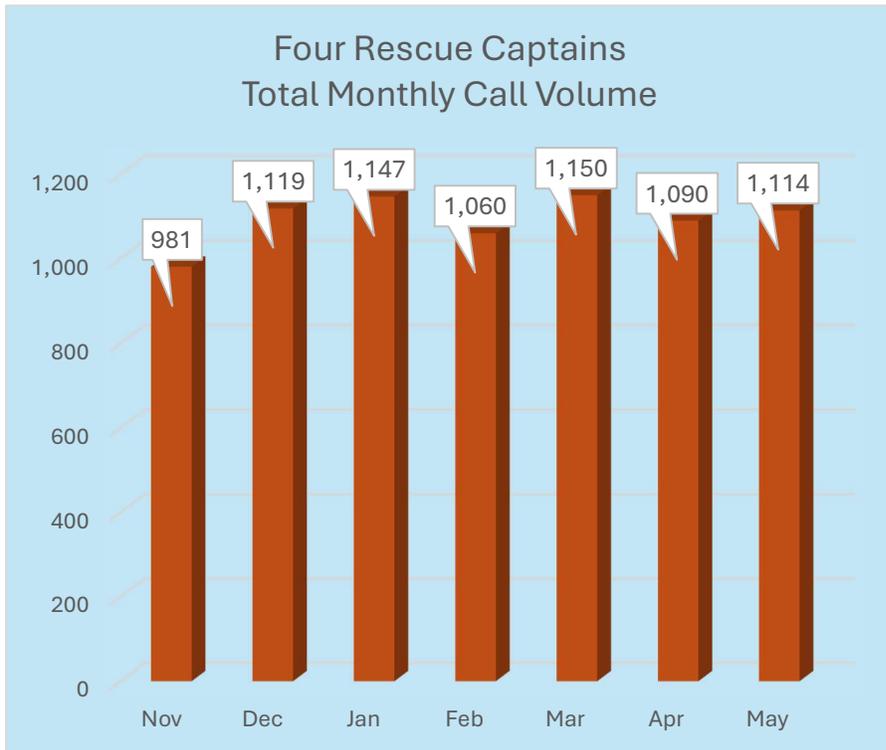
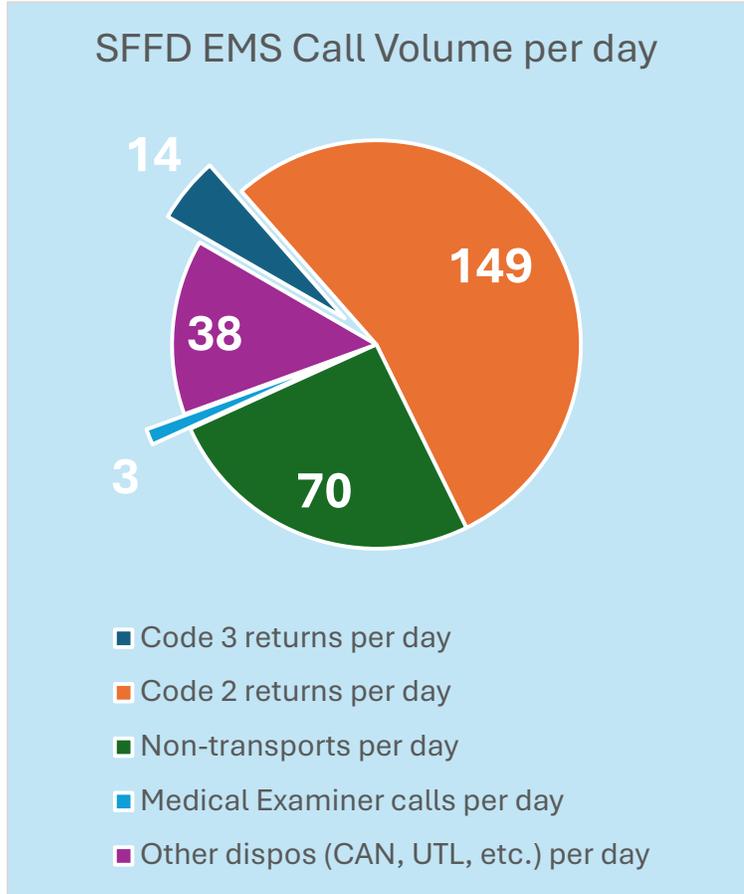
	Dec	Jan	Feb	Mar	Apr	May
<b>Total Monthly Amb. Dispatches [source: SFFD Call Summary by Day]</b>	11,806	11,856	11,286	11,640	11,364	11,853
<b>SFFD Ambulance Disp. [source: Medical Calls Response Summary - Dashboard*]</b>	8,857	9,089	8,184	8,359	7,912	8,540
<b>RC total calls [source: Medic Calls by Date]</b>	1,119	1,147	1,060	1,150	1,090	1,114

System volume continues to be between 11 and 12 thousand calls a month. Our recent call volume for the Department has us running approximately 72% of the total calls this past month.



### EMS Call Outcomes

Referring to those 8,540 SFFD EMS calls, here are the average daily outcomes to the right for this month. Code 3 calls are lights and sirens transports to the hospital and Code 2 calls are non-emergent transports. Non-transport are when a person with capacity decides not to go the hospital. We call them "Patient Declines Transport" or "Against Medical Advice." AMA is where we really think you should go, but the patient still declines. Medical Examiner outcomes are anytime we pronounce a person dead at the scene. This could be from someone who we do CPR on or those who are deceased and cannot be resuscitated when we arrive. Last are the remainder, which include those where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.

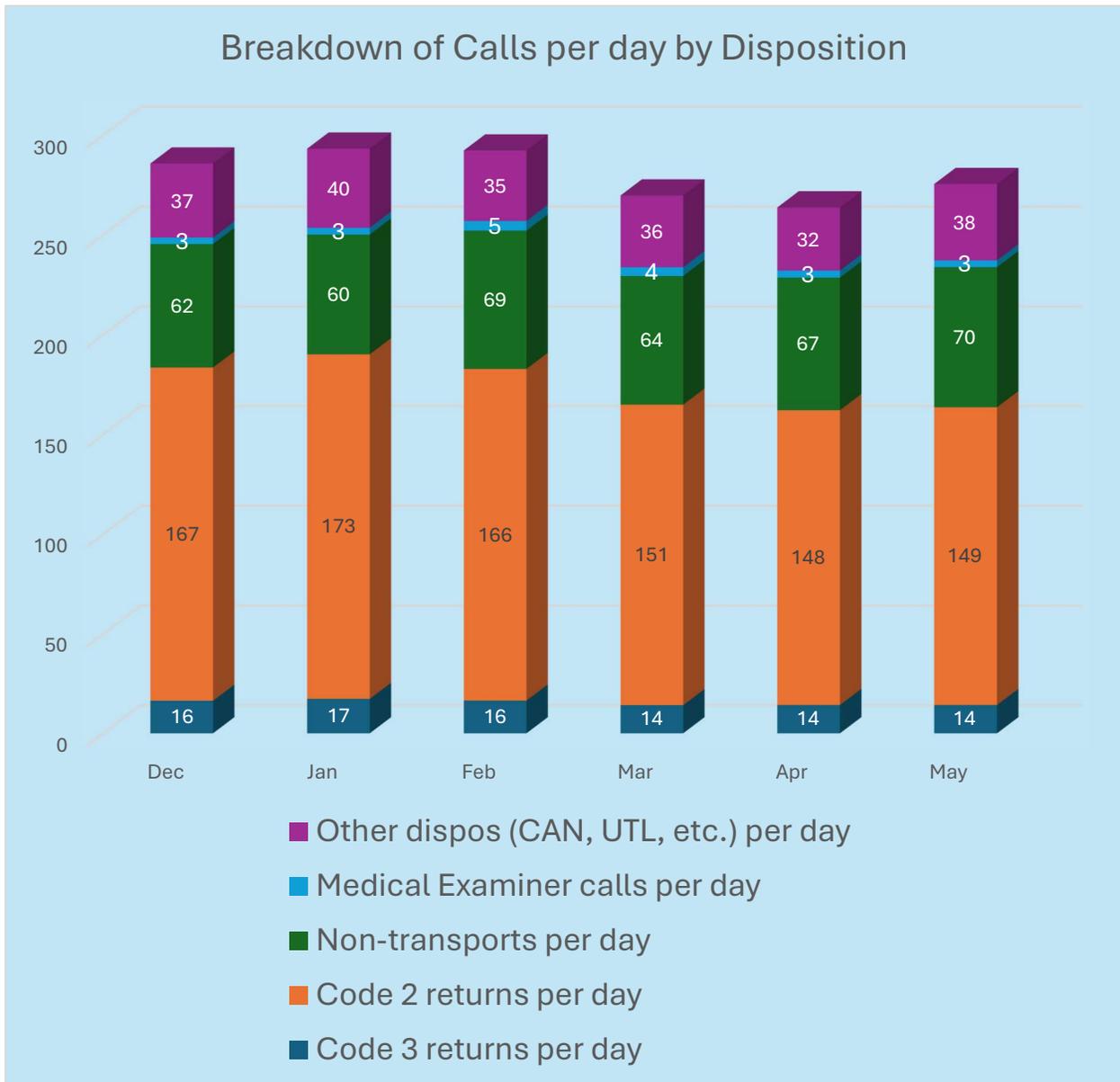


### San Francisco Fire Department EMS Rescue Captains

This chart shows the total calls for all four field Rescue Captain units. Our four rescue captains continue to run approximately nine calls per day, with our downtown RC1 running many more each watch. Our EMS Captains run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.

### Trend Analysis for Call Outcomes

These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transporters like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. For example, in May, we averaged 149 Code 2 transports to the hospital per day.

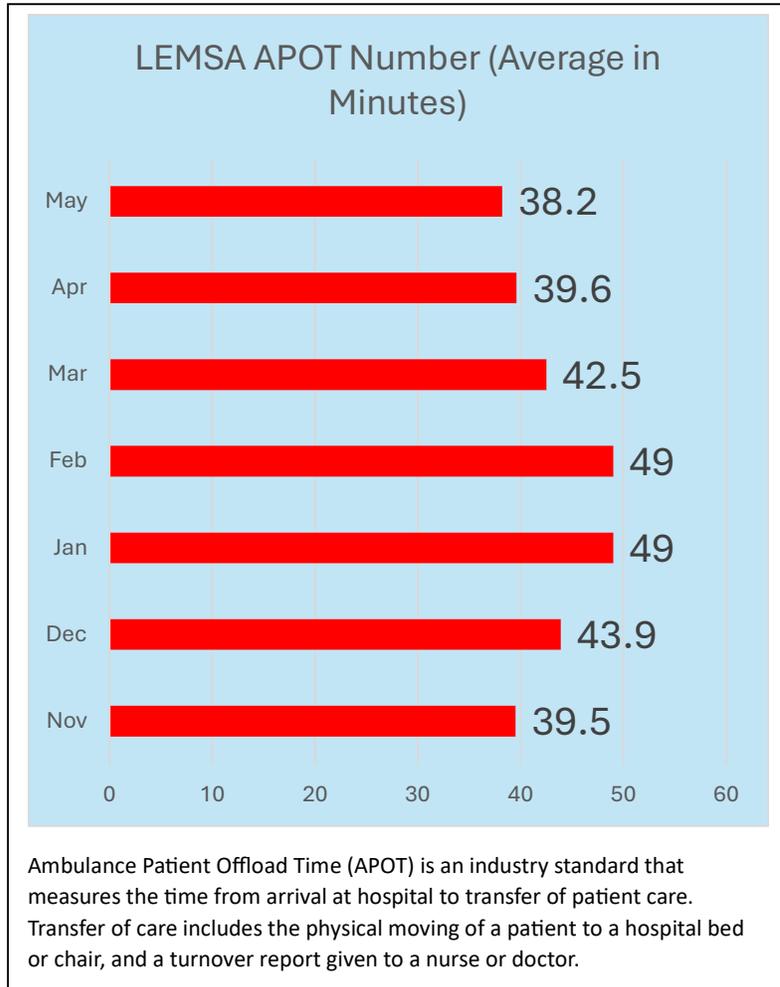


### Ambulance Patient Offload Times

As we have indicated to you in the past few months, the State benchmark for transfer of care is under 30 minutes. This month's average from LEMSA is 38.2 minutes. We hoped this figure would trend down more quickly, and would still prefer it to hover around twenty minutes so that our crews can clean up and be back in service near the 30-minute mark in total. As we explore root causes, we are seeing trends where more of our delays happen at certain emergency departments than others. For example, we determined that in May, there were three out of thirteen hospitals that accounted for approximately 60% of all APOT times that exceed 30 minutes.

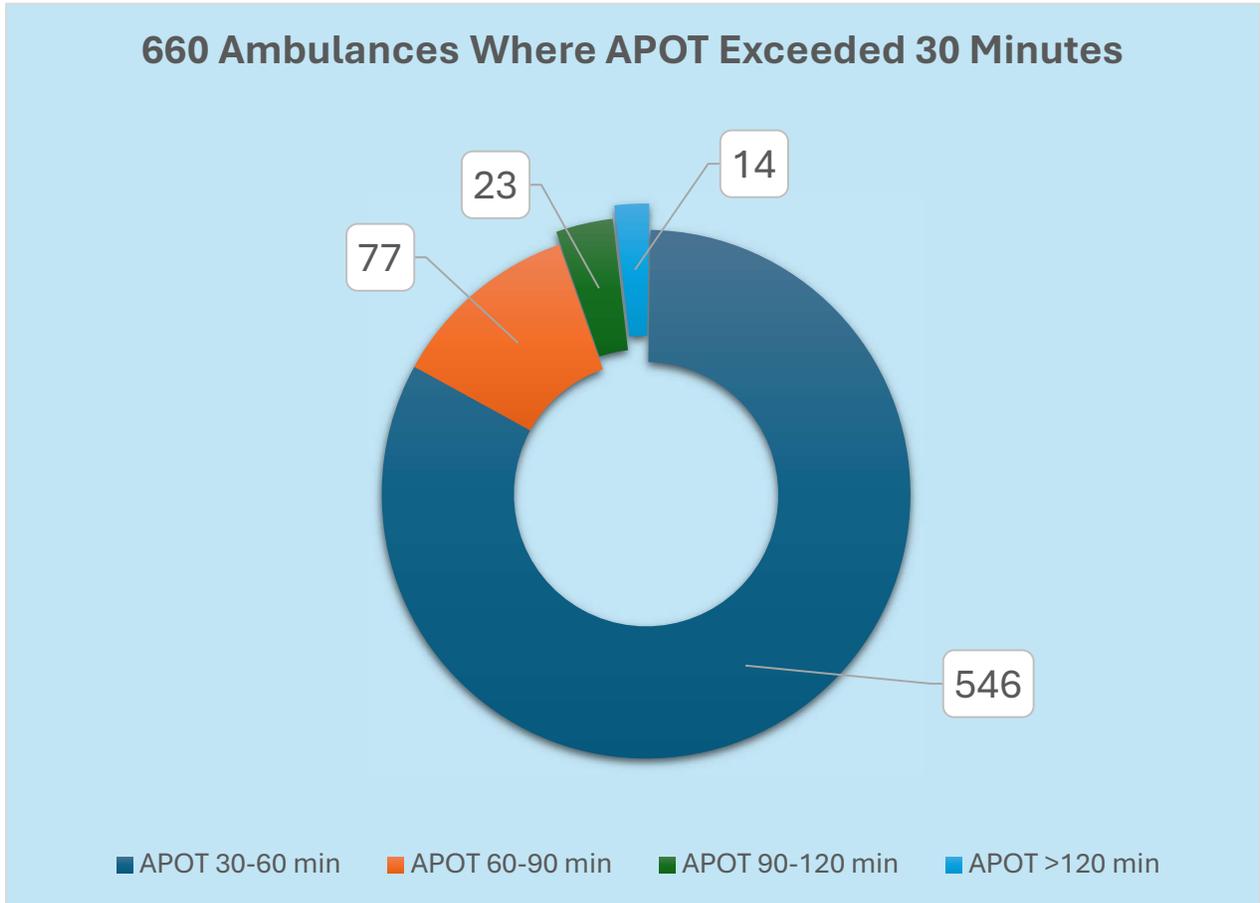
To prepare for our future target, we also reviewed the amount of time lost if our turnover care benchmark was set to 20 minutes. If we totaled all the time our ambulances spent at hospitals from 20 minutes to turnover, it would amount to over 360 hours. That is akin to parking a 12-hour ambulance at the hospital every day of the month.

As we develop more precise data, we'll be able to see trends for hospitals, times of day, days of the week, and much more. This will allow our Department to better address the situation, take steps to improve, and measure those outcomes accurately.



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Below is a graphic showing the number of times our ambulances spent at hospitals over the 30-minute benchmark. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 660 times that ambulances waited to turn over a patient accounted for over 190 hours that our crews spent beyond the 30-minute benchmark.



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## Narcan Administration for Opioid Overdoses

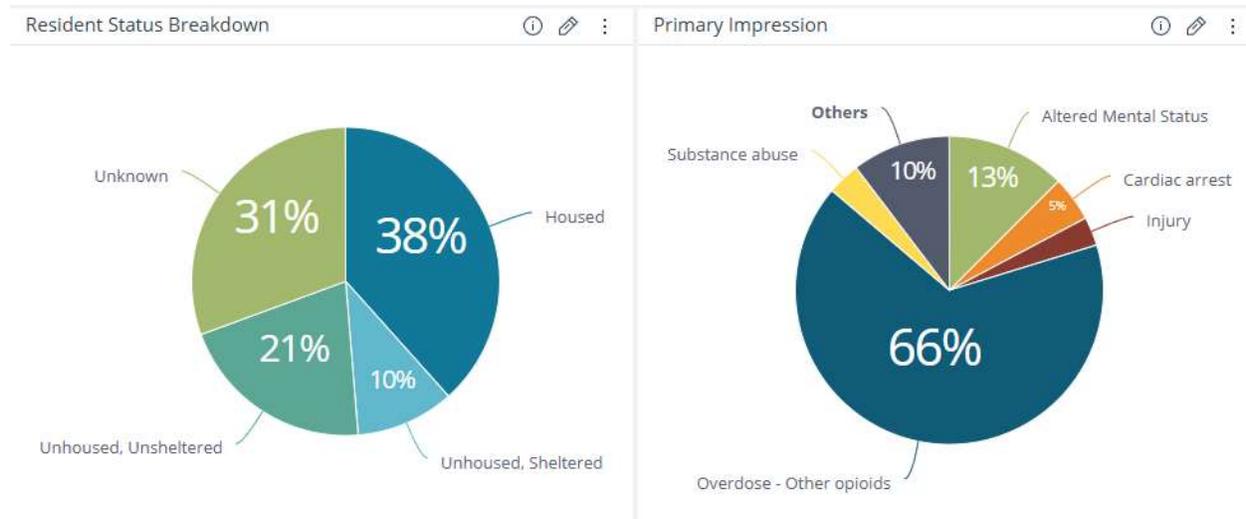
As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.

This month, we treated 232 patients with narcan. Most were treated by our crews, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Of those patients, approximately 30% were unhoused, 30% were unknown status, and 38% were housed.

Total Administrations of Narcan

# 305

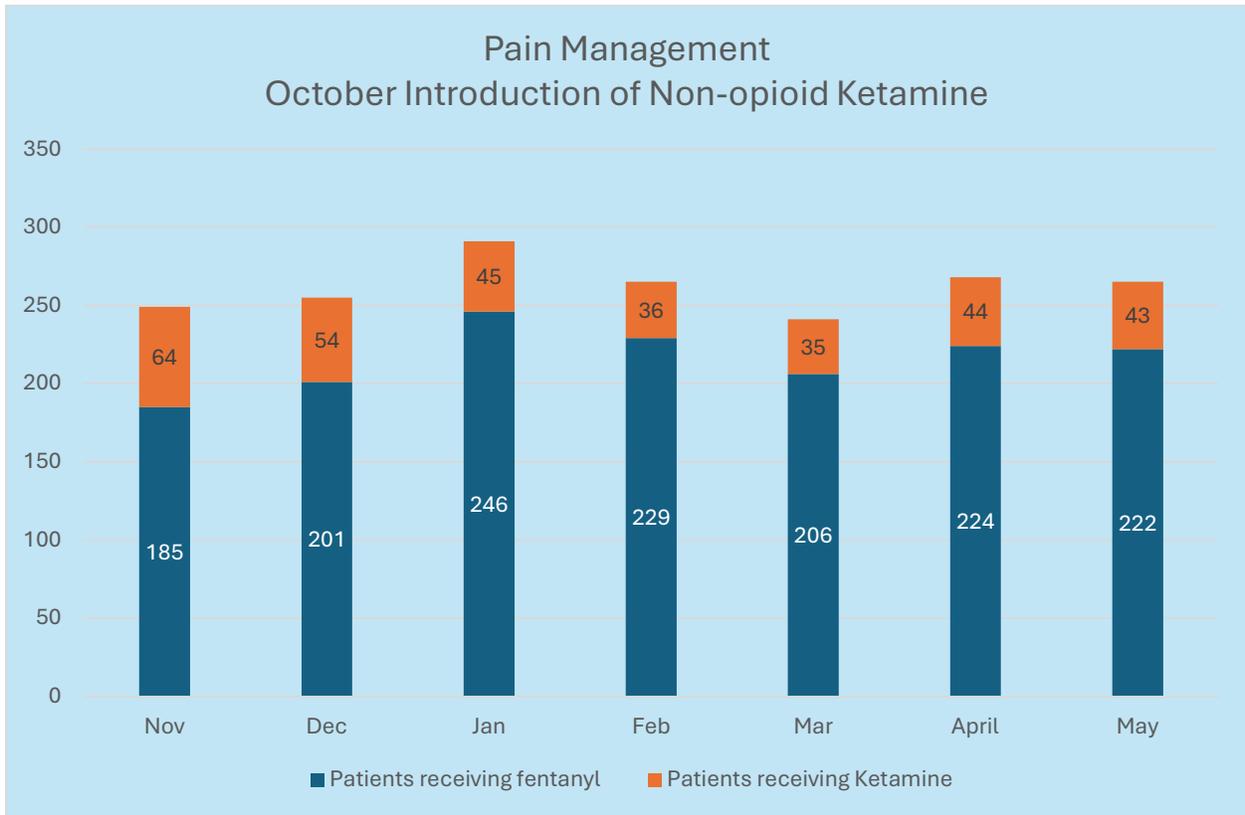
Total patients treated with Narcan **232**



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## Pain Management

We have had the non-opioid option, Ketamine, on our ambulances for over two quarters at this point. Feedback from our members has been good with no adverse outcomes.



We continue to see a similar proportion of fentanyl to ketamine, with approximately 80% of patients receiving fentanyl and 20% receiving Ketamine.

As we mentioned last month, the Department will be participating in a clinical study to compare the efficacy of Ketamine and fentanyl in patients experiencing traumatic pain. We are going to launch this study on July 1 with a subset of our ambulances. A full launch will take place in September 2025. This study is coordinated by our Medical Director, Dr. Jeremy Lacocque, and run out of University of Pittsburgh.

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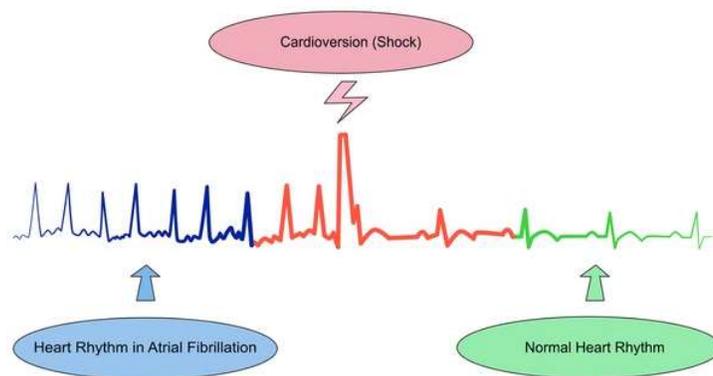
## Advanced Paramedic Skills for Critical Patients

As part of our continuing spotlight for advanced skills performance indicators, we are highlighting cardioversion in this month’s Fire Commission report.

Key Performance Indicators EMS / Advanced Skills [source:ESO]	Dec	Jan	Feb	Mar	Apr	May
Intubation: Direct Laryngoscopy	5	4	4	9	6	9
Intubation: Video Laryngoscopy	18	28	15	20	22	19
Continuous Positive Airway Pressure (CPAP)	50	45	41	30	30	28
Pleural Decompression	2	1	0	1	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
<b>Cardioversion</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>4</b>
Transcutaneous Pacing	3	4	2	3	4	3
Intraosseous Infusion Adult	33	47	24	36	41	33
Intraosseous Infusion Pediatric	1	2	0	1	0	0

### Cardiology - Cardioversion

Patients with serious cardiac illness can often benefit significantly from rapid EMS intervention. When time is of the essence, our crews can assess a patient, determine they need certain treatments, and administer medications or electrical therapy immediately. These are often cases where the time to transport to the hospital could result in a poor outcome or death.



You are familiar with defibrillation in cardiac arrests, which is done with our cardiac monitor, seen to the left. Our medics can also administer more targeted shocks in certain circumstances to “reset” a heart’s pacemaker. The example above shows a heart in an atrial fibrillation, sometimes called A Fib. We can also cardiovert patients in a supraventricular rhythm, which is where the heart is beating so quickly that it cannot effectively pump blood. Rapid treatment can make all the difference.

### Cardiac Arrest Data

Following up on our conversation from last month, we wanted to share that our CARES data from 2024 shows that our survival rates exceed the national average.

Bystander CPR in San Francisco remains below the national average. This is a key component to good patient survival and we are taking steps to improve this in our communities through trainings and other media.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
June	137	42	23	6	10	10	26%
July	121	31	28	9	14	11	35%
August	125	36	21	9	11	12	33%
September	101	23	15	5	9	8	35%
October	126	36	24	4	13	11	31%
November	132	40	24	9	7	13	33%
December	116	32	20	3	10	4	13%
January	147	43	26	6	7	11	26%
February	144	26	17	2	14	12	46%
March	152	36	20	1	8	13	36%
April	128	24	9	3	4	10	42%
May	123	24	20	5	13	9	38%

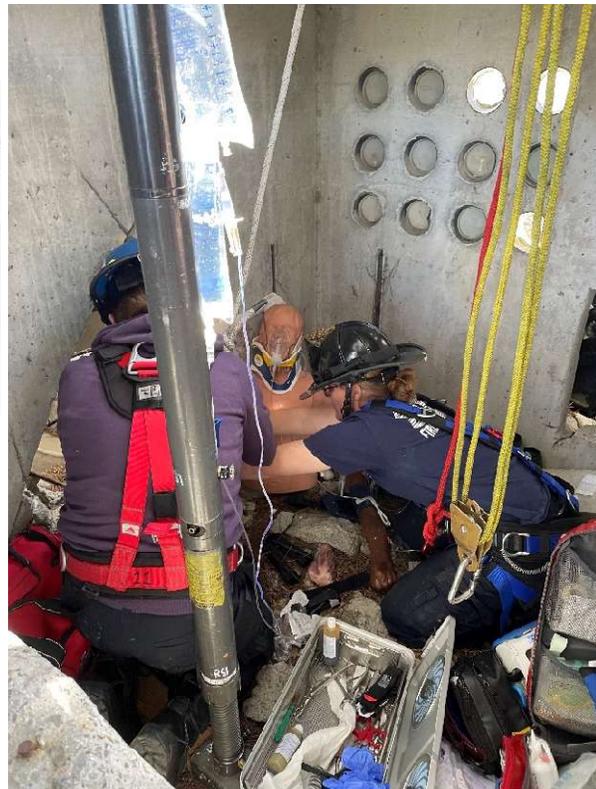
## Notable Events



The squad practiced lowering doctors into a confined space to perform a simulated field amputation using lamb shanks as props.

### Field Amputation Drill at DOT Treasure Island

Our crews participated in a May 6 field amputation drill at DOT TI. EMS Fellow Dr. Gurley set it up with Tyson Yee. Rescue Squad, LEMSA, ADC Kasper, and many SFGH and UCSF doctors attended.



### Welcoming of New H3 L1 and 9910 Recruits

The Command Staff, along with ADC Molloy, and SC Treff welcomed our new recruits on Treasure Island on May 6. The chiefs welcomed seventeen H3 L1 EMT recruits in their first week and they were joined by three H3 L2 paramedic recruits on June 2. Their unified class will graduate together on July 25. Our ten 9910's, who the chiefs were also able to meet and speak with, have completed their orientation and out in the field with their mentors as we speak. From all reports, they are doing exceptionally well.



## EMS Week

May brings EMS Week each year where we spend time acknowledging the work that our EMS and CP teams do for our community all year long. Like past years, we had different affinity groups and organizations sponsor daily meals, giving our crews a chance to sit down and spend some time with one another.

## Mural Unveiling

Our local Academy of Art class completed the beautiful mural at Headquarters last month and it was celebrated in an unveiling on May 16. The mural depicts our EMS work in the City, with



a background of the Golden Gate and two clasped hands symbolizing the care we provide to the citizens of the City.

## CORE - Outreach

It was a big month for the EMS team from Community Outreach, Recruitment, and Education. We had another successful Life Line event at the Namiki Apartments where we helped residents install Life Line cards, which help overcome language barriers and allow residents to share critical medical information whenever our members show up to help.



Figure 1 Paramedics Carly Bettencourt and Emily Tam, and EMT Artur Gazaryan



This event was made possible through a continued partnership with Self Help for the Elderly. The team included EMS providers who spoke Cantonese, Mandarin, Spanish, and Russian, ensuring that our community could receive culturally appropriate assistance.

We also had a great opportunity to participate with our partners at San Francisco General Hospital on May 25. They held a community health fair at the Fillmore and Turk minipark. We assisted with education on CPR, Stop the Bleed, BP screenings, and overdose prevention and response, among other health topics. Here is EMT Brandon Flath giving a tour of the ambulance to the CEO of SFGH.

## LEMSA Awards

Several of our members received EMS awards this year on May 20. Chief Tony Molloy received the Ray Lim Excellence in EMS Award. RC Brendan Chatham, Community Paramedic Jason Freeland (pictured below with Chief Molloy), and EMT Paul Hobbs received the Community Paramedicine Providers of the Year.



Figure 2 - Chief Molloy with Community Paramedic Jason Freeland

## Cal Chiefs EMS Branch Meeting

Three of our chiefs attended the May 2025 Cal Chiefs Meeting of the EMS chiefs from the northern part of California. We discussed new federal laws that relate to medicare reimbursement and other revenue issues.

## Retirement of Operations Chief Kevin Chocker



Kevin Chocker started his EMS career long ago and came to the Fire Department after a brief time as a medic with Department of Public Health. His EMS career covered thirty years from paramedic, to FF/PM, to EMS captain, culminating in his time as Section Chief of Operations.

Kevin prided himself on his vast clinical knowledge and ability to hold the attention of a group of EMS professionals with a good war story that usually ended in a room full of people laughing. We celebrated his retirement with a luncheon at Station 49.

## APOT Diversion Workgroup

APOT for May showed steady improvement of APOT times and discussions about forthcoming directives from the State EMSA on APOT reduction goals. Just a few days ago, the state released draft APOT regulations, which I have reviewed in detail. I will be submitting public comment to EMSA on the Department's behalf. We will have an update next month on the state regulations and how we anticipate they could affect us.

## Welcome to our New Section Chief of EMS Operations, Chris Bonn



Chris has 19 years of dedicated service to the Department, including 12 years in progressive leadership roles. Chris came to us in 2006 from AMR Contra Costa, where he directed operations across a 911 system handling over 90,000 annual calls. Notably, he led four ambulance strike teams during Hurricanes Katrina and Rita, contributing to the evolution of the national Ambulance Strike Team model, which we use today at the Department.

His EMS career includes frontline response, field supervision, policy development, and strategic project management. As a Rescue Captain, Chris led key initiatives with the Chief's Office, EMS leadership, and the Medical Director to help design and implement EMS policies. He has taught at our Division of Training EMS group and led the push to get our Department connected with the CJAC system for EMS training. As if this was not enough, he is also a subject matter expert on marine ops, helping with our procurement and training for marine rescue boat operations. A former lead in Continuing Quality Improve, Chris will assume command of that office as well.

A warm and well-deserved welcome to Chris Bonn, our new Section Chief of EMS Operations.

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## Notable Calls

### Advanced Cardiology

Crews M566 PM Castner and EMT Devlin  
E21 Capt. Parks, FF/PM Goforth, FF Parks, FF McGoldrich.

Summary: Crews arrived on scene with a 59-year-old male who was presenting with 8/10 left sided chest pain. The monitor showed a heart rate of 270 bpm. The patient stated that he has a history of supraventricular tachycardia. When the patient was told that he was going feel a quick shock, he knowingly responded, "I know." Our crew cardioverted successfully. The patient experienced immediate relief, and his heart rate converted to 100 bpm post-cardioversion. Medic 566 transported the patient Code 3 with stable vital signs throughout transport.

### Pediatric Trauma

1st transport Crew M583 PM Reeves, EMT Espinosa  
RC2 Goudreau  
E14 Lt. Stornetta, FF/PM Steward, FF Edison, FF Smith

Summary: Crews arrived on scene to find a 5-year-old patient lying in a crosswalk. According to the patient's mother, the child was struck and possibly run over by an SUV traveling approximately 25 mph and then fled the scene. The patient was alert and appeared stable, with multiple abrasions noted on the arm, knee, and abdomen. Vital signs were concerning, however, prompting rapid assessment, packaging, and transport. We transported Code 3 to SFGH with an on-scene-to-hospital time under 10 minutes. The patient's condition remained unchanged during transport.

2<sup>nd</sup> Transport Crew M516 RC Covitz, PM Passion, and EMT Spitze

Summary: SFGH requested an emergent interfacility transport to the Children's Hospital Trauma Center in Oakland due to all private ambulance providers having estimated response times exceeding one hour—an interval deemed unacceptable by the SFGH Trauma Team. Given the out-of-county nature of the transport, the Radio RC made the appropriate notifications. SFFD EMS Command approved the transport and promptly informed the county EMSA administrator. The patient was transported within 25 minutes of the initial 911 call. M516 transported code 3 which took less than 14 minutes from departure at SFGH. The patient's condition remained stable and unchanged during transport.

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# Community Paramedicine Division Fire Commission Report

May 2025

## Division Highlights

### 6<sup>th</sup> Street Mobile Triage Center

Since February 5<sup>th</sup>, 2025, the Community Paramedicine Division has supported the City’s multi-agency 6<sup>th</sup> street corridor and mobile triage center initiative. One (1) community paramedic captain is assigned to the mobile triage center Monday through Friday, 0700 – 2300, as 911-system needs allow. The captain responds to incidents within the corridor and supports triage and service connections at the center.

<b>6<sup>th</sup> Street Corridor</b>	<b>2/5/25 – 2/28/25</b>	<b>3/1/25 – 3/31/25</b>	<b>4/1/25 – 4/30/25</b>	<b>2/1/25 – 4/30/25</b>	<b>Daily Average Since Inception (2/5 – 4/30)</b>	<b>5/1/25 – 5/31/25</b>	<b>Daily Average (5/1 – 5/31)</b>	<b>Daily Average (6-Months Preceding 2/5)</b>
<b>911 Incidents</b>	555	502	517	1574	28.62	561	18.10	17.56
<b>Building Alarms (52 Cards)</b>	34	43	34	111	2.02	49	1.58	1.04
<b>Outside Fires (67 Cards)</b>	7	6	9	22	0.40	5	0.16	0.47
<b>Outside Smoke Investigation (68 Cards)</b>	0	1	0	1	0.02	1	0.03	0.02
<b>Suspected ODs (23 Cards)</b>	37	52	39	128	2.33	49	1.58	1.98
<b>Mental Health Calls (25 Cards)</b>	34	24	23	81	1.47	28	0.90	0.96
<b>SCRT Incidents</b>	122	55	79	256	4.65	84	2.71	1.85
<b>SORT Incidents</b>	9	8	8	25	0.45	5	0.16	0.51

<b>6<sup>th</sup> Street Mobile Triage Center</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>
<b>Community Paramedicine Engagements</b>	132	31	42	13
<b>Transported to Hospital via Ambulance</b>	5	4	8	3
<b>Transported to Alternate Destination</b>	27	6	9	3
<b>Remained in Community</b>	100	21	25	7

**San Francisco Police Department Annual Crisis Intervention Team (CIT) Awards:** At the San Francisco Police Department's Annual Crisis Intervention Team (CIT) Awards Ceremony on May 28, 2025, several SFFD members were honored for their exemplary collaboration in crisis response.

SFFD Honorees:

Assistant Deputy Chief April Sloan  
Captain Paramedic Captain Edward Bird  
Paramedic Scott Patterson  
Paramedic Logan Rasmussen  
EMT Samantha Sabatelli  
EMT Braelan Mamaradlo

These members were recognized for their roles in two incidents where coordinated efforts between SFPD, SFFD, and the Department of Public Health led to the safe and compassionate resolution of complex situations involving individuals in crisis. The Community Paramedicine Division has long fostered a collaborative relationship with SFPD's CIT program and continues to coordinate daily in the care of our community.

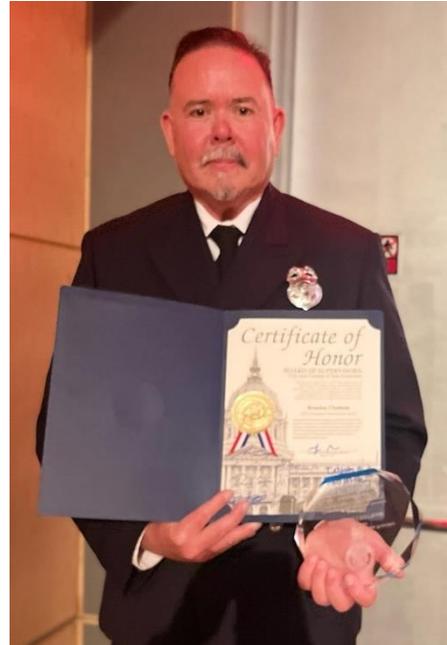


*Pictured left: SFPD Chief Scott and ADC Sloan. Pictured right: SFPD Chief Scott and CP Captain Bird*

**Annual Emergency Medical Services Awards (EMS Week):**

On May 20<sup>th</sup>, Community Paramedic Captain Chelsea Meyers received the *Mary Magocsy Excellence in EMS and Disaster Leadership Award*. This honor recognizes her exceptional contributions to the development and management of CQI (continuous quality improvement) practices within the Division. Captain Meyers joins previous awardees ADC April Sloan (2024) and Section Chief Michael Mason (2023).

Community Paramedic Captain Brandon Chatham, Community Paramedic Jason Freeland, and EMT Paul Hobbs were recognized as Community Paramedicine and Triage to Alternate Destination Providers of the Year. This award recognized these members' incredible work ethic and leadership in providing competent, compassionate, and effective care to our City's most vulnerable residents.



*Pictured left: ADC Sloan, CP Freeland, EMT Hobbs, LEMSA Director Holcomb, LEMSA Medical Director Breyer. Pictured Right: CP Captain Chatham*

Our members were honored to have Mayor Lurie in attendance, amongst other elected officials, City officials, and honored guests.

### **Cohort 7 Graduation:**

On Friday, May 23<sup>rd</sup>, the eleven (11) members of community paramedicine training cohort 7 graduated and were awarded certificates of completion from Chief Crispen. This cohort, our second to include external agencies, consisted of 8 SFFD members, 1 member of Modesto Fire Department, and 2 members of San Jose Fire Department. Community Paramedicine Division leadership wishes to recognize the cohort instructors Captain Seamus O'Donnell, Lieutenant Dmitry Golovin, and Paramedic Matthew Fluke for their leadership and stewardship of California's only community paramedic training program.

### **Member Highlights**

**Coordinated Response to Psychiatric Crisis:** On May 5, 2025, San Francisco Fire Department personnel demonstrated exceptional care and coordination during a psychiatric crisis response. The Street Crisis Response Team (SCRT9), staffed by Paramedic Elton Rangel and EMT Deion Printers, initially attempted contact with an individual reported to be in distress at a residential hotel but were unable to engage the patient.

A second team (SCRT1) comprised of Community Paramedic Nicholas Aguilar, Community Paramedic Candidate Gerald Colbert, and EMT Kevin Ronan, responded shortly after. They encountered a 26-year-old man standing on a window ledge, actively threatening to jump. The patient, who had not slept in days and was experiencing hallucinations, initially believed

responders intended to harm him. Through calm, sustained engagement by SCRT members, along with support from SFPD Crisis Intervention Team (CIT), friends, and family, the patient ultimately agreed to step back inside and voluntarily walked to the gurney. Of note, Community Paramedic Candidate Gerald Colbert was on his first day of clinical ride outs and contributed greatly to the life-saving de-escalation efforts.

A 5150 psychiatric hold was placed, and the individual was safely transported by a Department medic unit to UCSF for further care.

### **Neighborhood Street Team Captain Response in Golden Gate Park**

On May 16, 2025, Community Paramedic Captain Leslie Fong, working in her capacity as Neighborhood Street Team Captain CP10, responded to a complex psychiatric emergency in Golden Gate Park involving a 65-year-old unhoused individual in significant distress. The scene, located in a wooded area, was marked by biohazards, including trash, feces, and rotting food, surrounding the individual, who had decompensated since prior contact with outreach workers.

Despite efforts to engage him, the patient became combative and ultimately threw feces at responders, striking a Park Ranger. With Captain Fong coordinating actions of the several agencies on scene, the patient was safely detained, restrained, and sedated by the crew of M565. Paramedic Fong completed a 5150 hold, documenting grave disability and danger to others due to the patient's deteriorated mental state and unsafe living conditions.

### **Coordinated Response to Behavioral Crisis with Threats Toward Responders**

On May 12, 2025, members of the Street Crisis Response Team (SCRT1, CP5) responded to a behavioral crisis at a residential apartment where a tenant was causing significant flooding and making threats to neighbors and staff. Responders encountered a hostile and agitated individual who had reportedly been running water nonstop since early morning, resulting in structural damage to neighboring units.

While attempting contact, the individual threatened to harm responders and emerged from his unit in a physically aggressive posture. Team members, including Community Paramedic Nicholas Aguilar, Community Paramedic Candidate Amelia Shelp, and Community Paramedic Captain Sean Andrews, as well as EMT Connor Chavela, safely disengaged and requested SFPD assistance. Despite multiple attempts to resolve the situation, the patient refused care and re-entered the unit, prompting police and responders to clear the scene for safety.

This incident highlights the challenges of managing psychiatric crises with safety concerns and underscores the importance of de-escalation, interagency coordination, and prioritizing responder and community safety during high-risk behavioral emergencies.

### **Trauma-Informed Response and In-Place Support Following Assault and Hospitalization**

On May 26, 2025, members of the Street Crisis Response Team and EMS-6 (SCRT9, CP5, and EMS6-B) provided trauma-informed, in-home support to a 58-year-old woman recently discharged from the hospital after a fall and head injury. Upon returning to her residence, she found squatters had entered her apartment, stolen her belongings, and attempted to assault her. She activated 911 but declined emergency department transport from a responding medic unit. However, she soon called back, experiencing anxiety and PTSD symptoms.

Responders, including Community Paramedic Angelica Tanzillo, EMT Dominic Davis, and Community Paramedic Captain Scott Eberhart, found the patient visibly shaken and living in unsafe conditions, with trash, soiled linens, and signs of intrusion throughout the apartment. The team confirmed she had capacity to refuse hospital care and instead focused on stabilizing her environment. Together, they cleaned the apartment, began her laundry, provided clean clothing, bedding, food, and hygiene items. An Adult Protective Services report was filed and a referral for additional follow-up care from In Home Supportive Services (IHSS) was requested.

The patient expressed deep gratitude for the responders' support, saying she felt safe enough to remain in her home. This incident exemplifies the unique capacity of San Francisco's alternate response system to provide patient-centered care that extends beyond transport, addressing both clinical needs and social determinants of health, while avoiding unnecessary hospital transport.

### **Compassionate Welfare Check and Support for Medically Vulnerable Adult**

On May 19, 2025, members of SCRT4 responded to a welfare check for a 49-year-old man with a history of traumatic brain injury, after concerns were raised by his landlord. The individual was found alert and oriented inside his apartment but displayed flat affect, delayed responses, and limited engagement with responders.

Community Paramedic Jason Freeland and EMT Paul Hobbs determined that while the patient had no acute medical needs, he was emotionally and cognitively impacted by the recent death of his primary caregiver. The patient's sister confirmed she was arranging in-home support and would return shortly to assist. SCRT4 remained on scene to ensure the patient was safe, comfortable, and fed until family arrived.

An Adult Protective Services (APS) report was filed, and resources were provided to the family to support follow-up care.

## **EMS-6**

Operational period: 5/1/2025 – 5/30/2025<sup>1</sup>

Total encounters: 226

Average encounters per day: 7.53

Utilization changes of top 20 utilizers engaged by EMS-6 from the month before the operational period to current: -57.14%

<b>Encounter Type</b>	<b>Number</b>
<b>Consult</b>	57
<b>In Person Visit</b>	134
<b>Case Conference</b>	7
<b>Show of Support</b>	0
<b>Care Coordination</b>	9

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<sup>1</sup> For EMS-6, operational data is compared in 30-day intervals for consistency across months.

<b>Interagency Support</b>	0
<b>Chart Review</b>	17
<b>Total</b>	226

## SCRT

Operational period: 5/1/2025 – 5/31/2025

Total Calls for Service: 1,433

Average Response Time: 17.36

Average on Scene Time: 41.03

### Disposition All Calls for Service

Non-ambulance transport to non-ED resource	265	18.49%
Ambulance transport to ED	177	12.35%
Remained in the community	660	46.06%
Unable to Locate & Walked Away	331	23.10%
<b>Total</b>	<b>1433</b>	<b>100.00%</b>

### Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	265	24.05%
Ambulance transport to ED	177	16.06%
Remained in community	660	59.89%
<b>Total</b>	<b>1102</b>	<b>100.00%</b>

### 5150

Grave disability	23
Danger to Self	10
Danger to Others	5
<b>Total*</b>	<b>34</b>

\*As individuals may be placed on a hold for multiple reasons the total will not reflect the sum

### Police Presence on Scene

		Percent of total calls for service (1433)
PD On Scene Prior to Arrival	1	0.07%
PD requested by SCRT	9	0.63%
SCRT requested by PD	371	25.89%
<b>Total Incidents with PD present on scene</b>	<b>387</b>	<b>27.01%</b>

## SORT

Operational period 5/1/2025 – 5/31/2025

Calls for Service: 65

SFFD Suboxone Starts: 6

Provider	Jan-25	Feb-25	Mar-25	Apr-25	May-25	YTD (2025)
<b>SFFD</b>	10	1	6	8	6	31
<b><i>SORT</i></b>	3	0	1	1	0	5
<b><i>SCRT (inc. CP5)</i></b>	0	1	0	0	0	1
<b><i>Medic Units / EMS</i></b>	7	0	5	7	6	25
<b>Totals</b>	10	1	6	8	6	25

**Disposition All Calls for Service**

Non-ambulance transport to non-ED resource	15	23.08%
Ambulance transport to ED	3	4.62%
Remained in the community	39	60.00%
Unable to Locate & Walked Away	8	12.31%
<b>Total</b>	<b>65</b>	<b>100.00%</b>

**Disposition Engaged Individuals Only**

Non-ambulance transport to non-ED resource	15	26.32%
Ambulance transport to ED	3	5.26%
Remained in community	39	68.42%
<b>Total</b>	<b>57</b>	<b>100.00%</b>