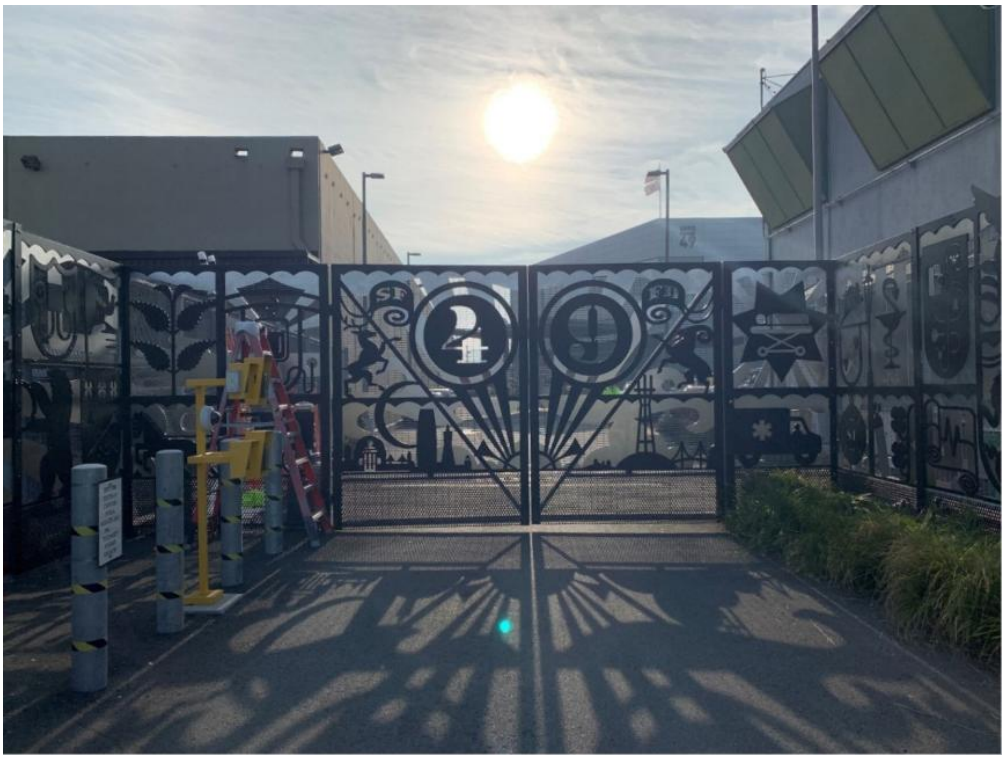
# Fire Commission Report

## September and October 2026

## EMS Division

November 10, 2026

Assistant Deputy Chief Emily Anderson



# Operations

## Monthly Call Volume

See figure 1 for the six-month review of City EMS total call volume, Fire Department (SFFD) ambulance dispatches, and SFFD Rescue Captain (RC) dispatches.

| Key Performance Indicators | May | Jun | July | Aug | Sep | Oct |
|---|---|---|---|---|---|---|
| **Total Monthly Amb. Dispatches** | 11,784 | 11,132 | 11,288 | 11,551 | 11,873 | 12,167 |
| **SFFD Ambulance Dispatches** | 8,709 | 9,059 | 8,154 | 8,600 | 9,055 | 9,058 |
| **RC Total Calls** | 915 | 903 | 860 | 909 | 985 | 971 |

*Figure 1. Monthly Call Volume*

System call volume has remained generally level over the last few months. The Department's EMS call volume as a percentage of the total EMS dispatches was 76% in September and 74% in October 2026. See figure 2. This does not include SFFD Community Paramedic-only responses.

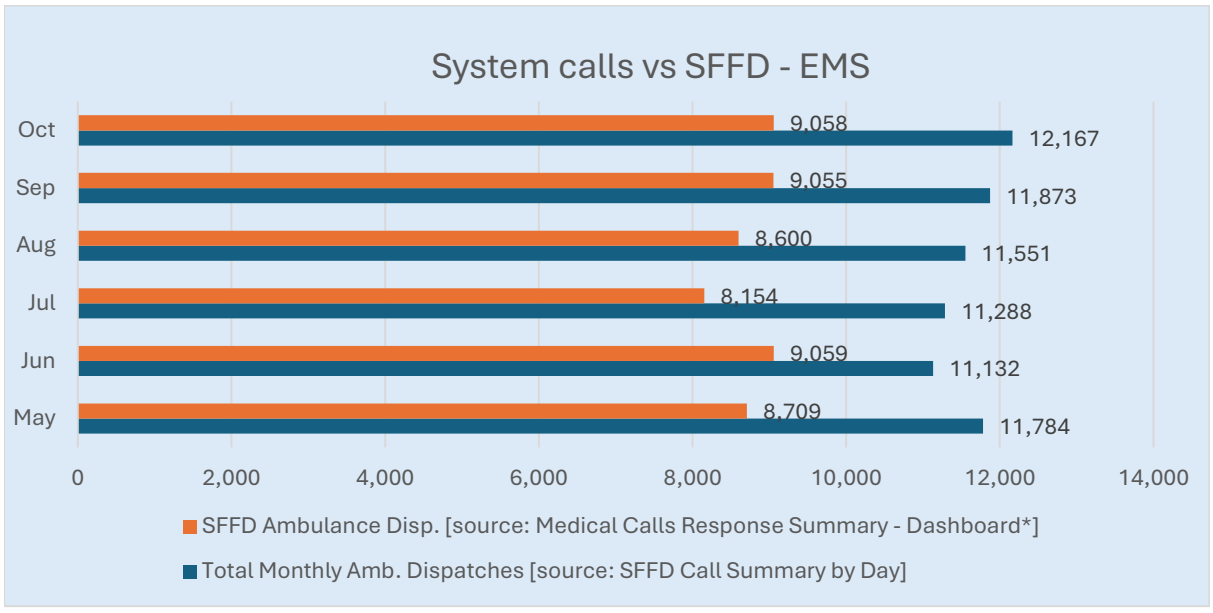



*Figure 2. System call volume and SFFD call volume over time*

## EMS Call Outcomes

Referring to the SFFD EMS calls, here are the average daily outcomes for the past month. “Code 3 returns” are lights and siren transports to the hospital (urgent), and “Code 2 returns” are non-emergent transports. Non-transports include the categories of “Patient Declines Transport” (PDT) or “Against Medical Advice” (AMA). In both cases, the patient must have decision-making capacity. AMA’s constitute calls whereby EMS responders and/or the Base Hospital medical doctor feel the patient’s condition warrants transport to the hospital, but the patient still refuses transport. “Medical Examiner calls” include those incidents when a patient is pronounced dead at the scene. This category includes calls in which interventions were performed by SFFD first responders (i.e. CPR) or obvious deaths that occurred prior to the arrival of SFFD. Last are the remainder, “Other dispositions,” which include those where SFFD EMS units are canceled by an earlier unit, no patients found (unable to locate [UTL]), SFFD incoming units cancelled by SFPD, or multiple patient transfers. See figure 3.

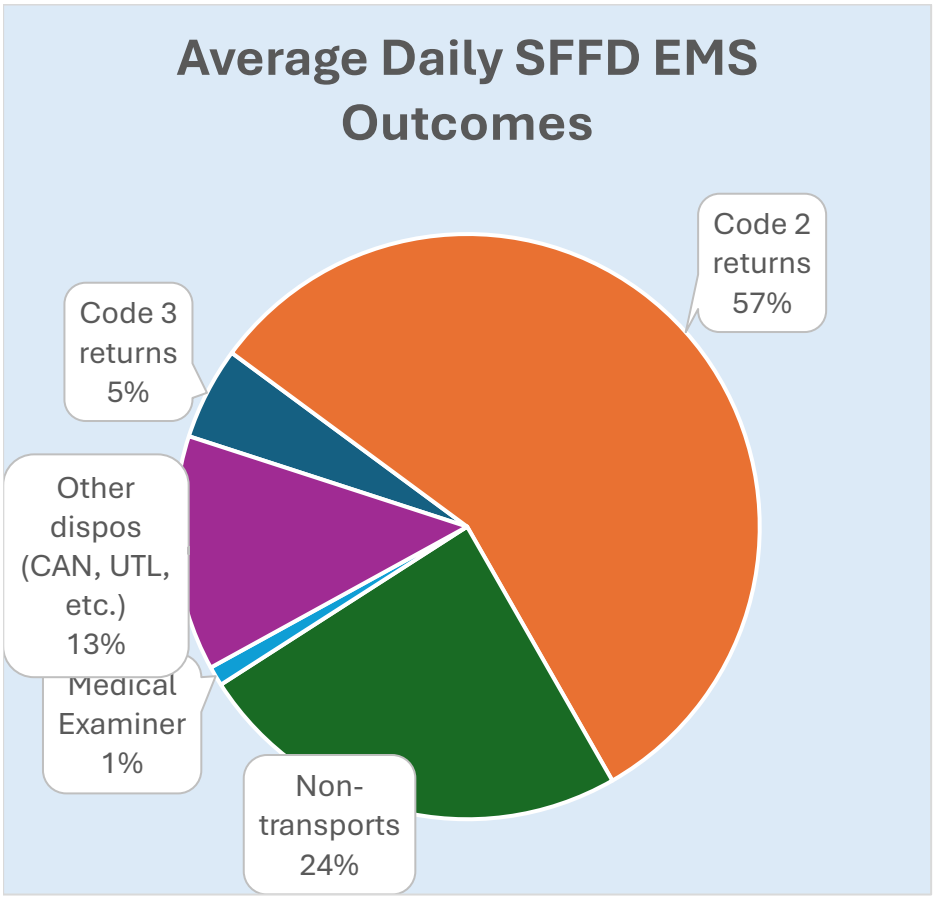



*Figure 3. Average daily outcome of calls by the SFFD.*

## Rescue Captains – EMS Supervisors

Figure 4 shows the total calls for all four of SFFD's Field Rescue Captain (RC) units. RC1, RC2, RC3, and RC4 ran an average of approximately eight calls per day over the past two months, with RC1 (first due area of downtown) running many more on average for each watch. SFFD RCs run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.

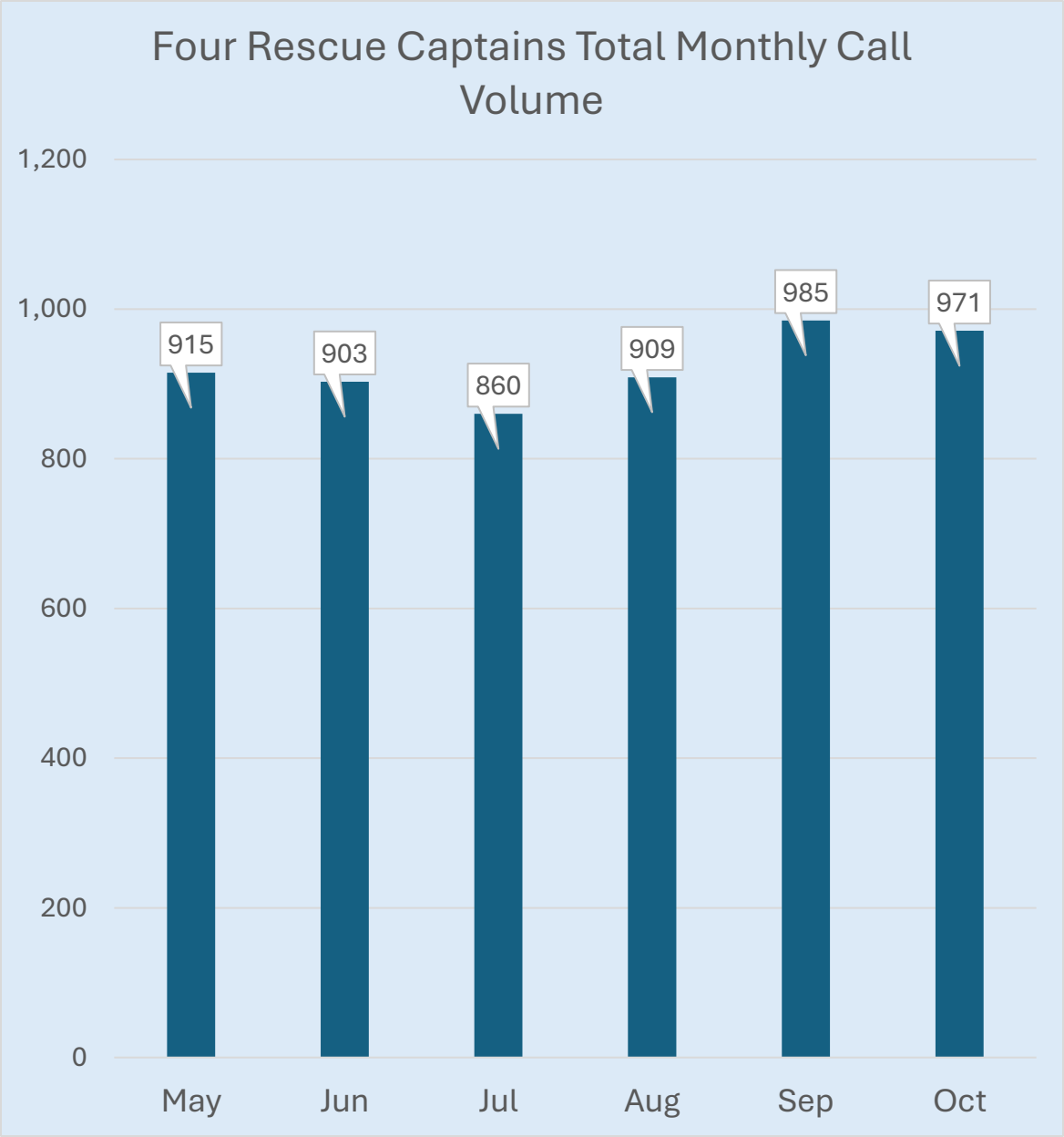



*Figure 4. Monthly call volume of all field EMS Rescue Captains.*

## End Analysis for Call Outcomes

Figure 5 shows data are presented as the average number of calls per day for the given month. This graph shows the same information as the pie chart on the previous page: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transports like AMAs and PDTs, Medical Examiner calls for field pronouncements of death, and remaining assorted dispositions. Note that the average number of calls per day, over the past six months, ranges from 263 to 303.

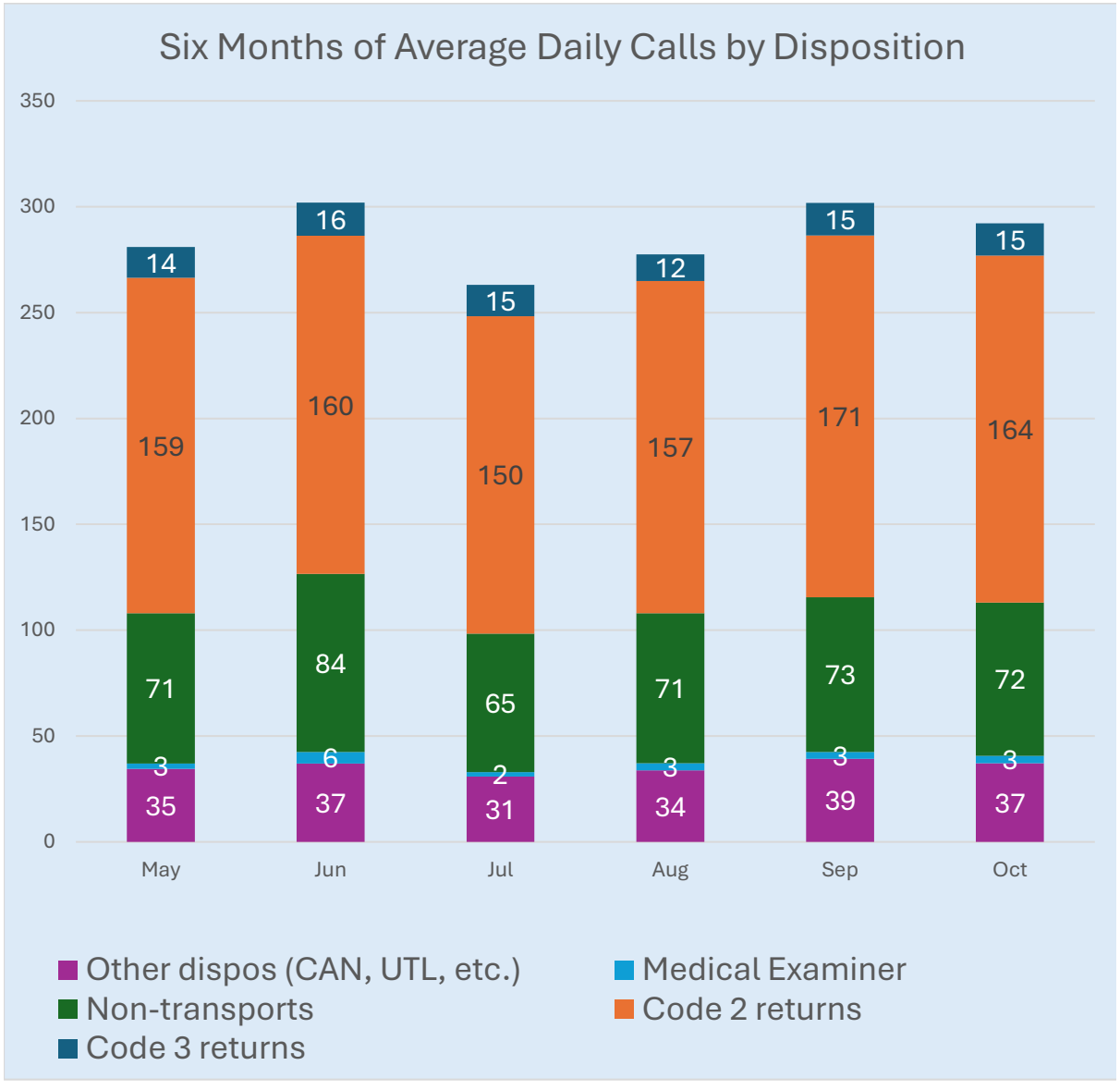



*Figure 5. Daily averages of call outcome*

Figure 6 shows the LEMSA report for average APOT for the last six months remained steady with an increase in September, reaching the highest patient offload time over the past six months. This graph represents the 90th percentile of APOT times for all providers in the 911 system, both private ambulances and SFFD transport ambulances. At the time of submission of this report, the LEMSA had not published October data.

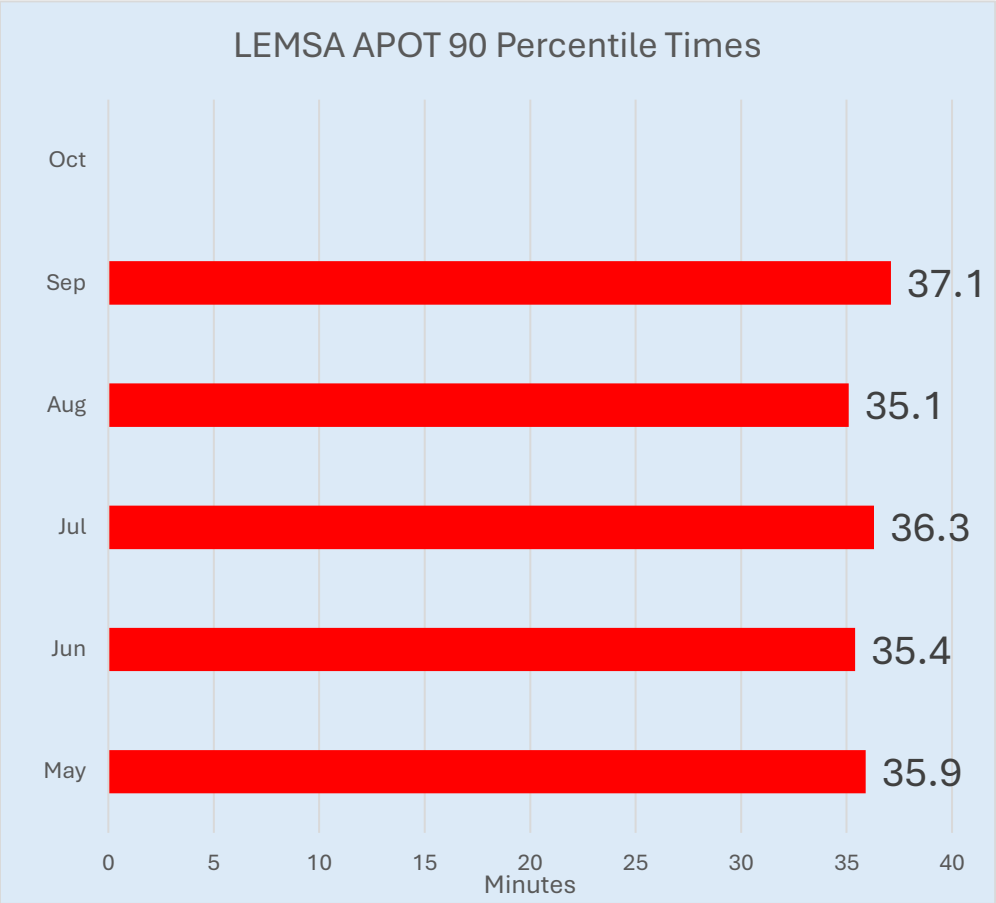



*Figure 6. LEMSA APOT over months.*

The SFFD continues to implement a system to use "time of signature" when patient care is transferred from SFFD to the receiving hospital, signified by the signing of the electronic patient care record by an RN or MD. This signature time is the benchmark required by California State Bill AB40. The data from our reports show the more accurate time for APOT of signature time of the hospital. We feel using the time of signature by hospital staff will provide better data for transfer of care time and will be more agreeable for the analysis.

Figure 7 shows a year-over-year comparison for SFFD 90th percentile APOT for Code 2 transports using the timestamp of the signature obtained at the hospital. Since the APOT Summit, the two-year low in 90th percentile APOT in April 2026. APOT times have since held steady until the recent uptick in September 2026 with a slight improvement for October 2026. Other solutions discussed during the APOT Summit are being implemented over the coming months and we anticipate these times to further decrease. This overall trend is encouraging and may save our patients hours of time waiting in emergency rooms, as well as increase the time available for deployment of our EMS transport crews.

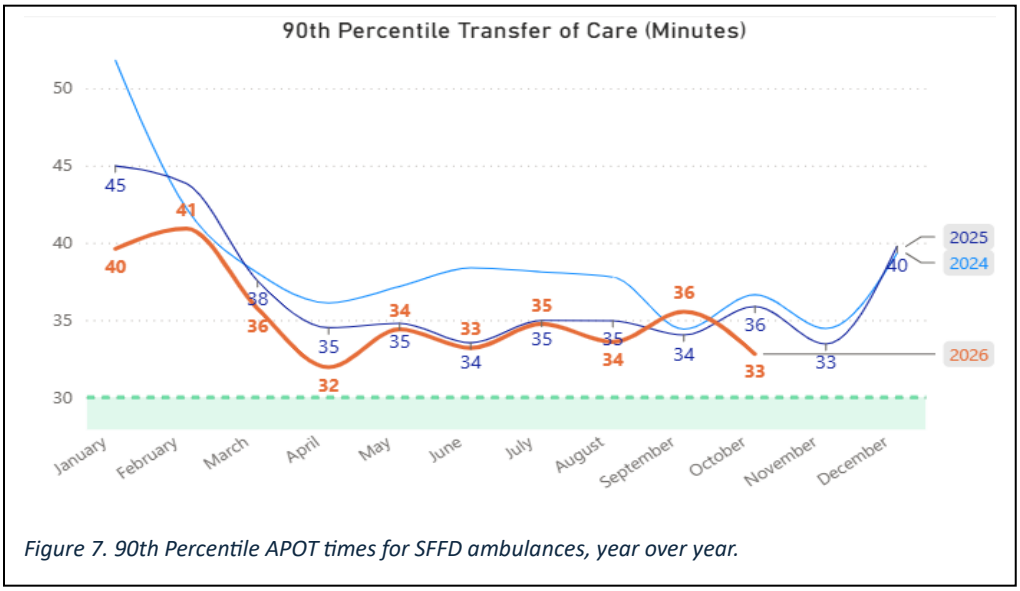



*Figure 7. 90th Percentile APOT times for SFFD ambulances, year over year.*

Figure 8 shows the number of transports our ambulances spent over 30 minutes at a hospital while awaiting transfer of care to hospital staff.

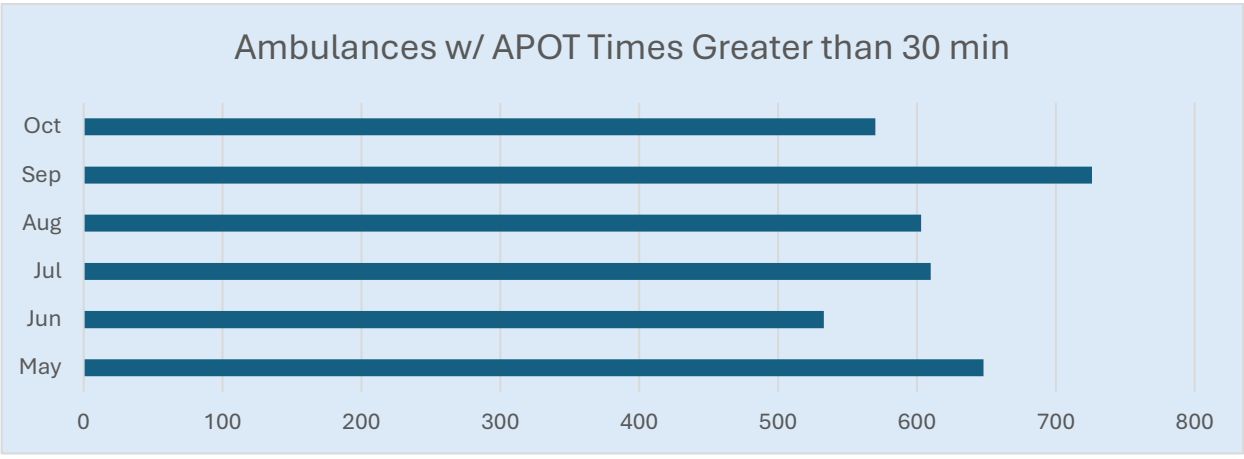



*Figure 8. Count of instances where ambulances were waiting over 30 minutes for a hospital bed (APOT delay) by month.*

The charts in Figures 9 and 10 show the details on how often APOT delays occur. We've categorized the Transfer of Care (TOC) times into five "time buckets": under 30 minutes (*i.e.*, the benchmark), 30-60 minutes, 60-90 minutes, 90-120 minutes, and over 120 minutes. The cumulative amount of time over 30 minutes is 155 hours for September and 110 hours for October. This is time that SFFD ambulance crews and the patient remained idle waiting for a bed at hospitals beyond thirty minutes.

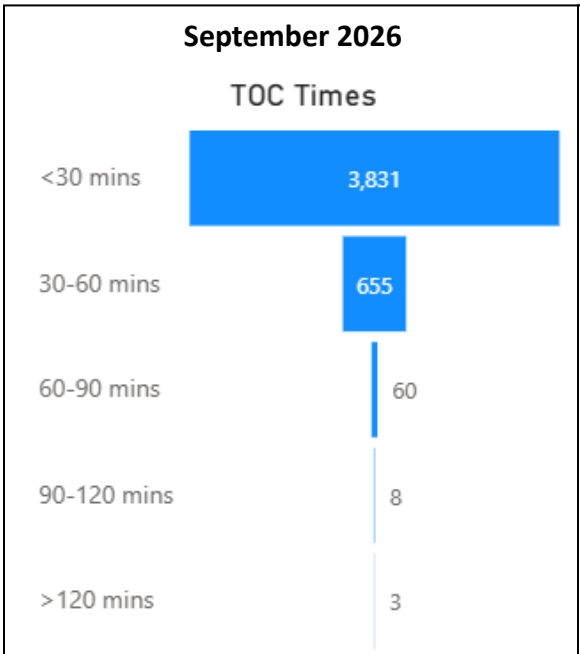



*Figure 9. "Buckets" of APOT or Transfer of Care times for September 2026*

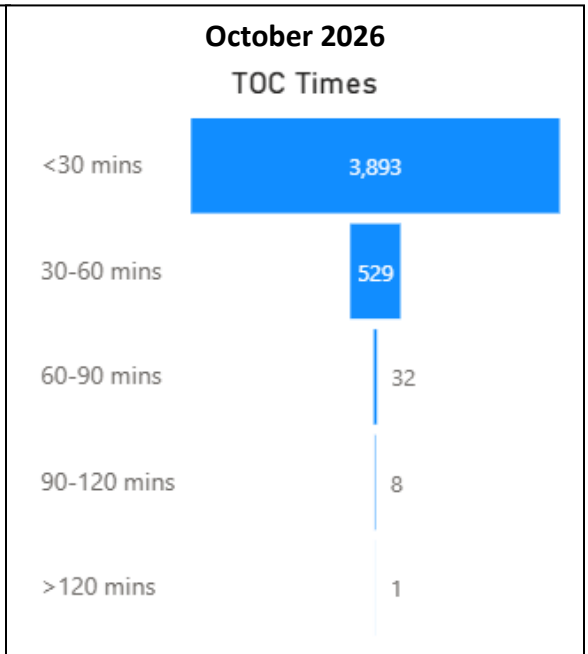



*Figure 10. "Buckets" of APOT or Transfer of Care times for October 2026*

## Narcan Administration for Opioid Overdoses

Naloxone (Narcan) is used to reverse opioid overdoses. Shown in Figure 11 are the number of patients treated with Narcan by SFFD. We are also presenting the rolling 12-month results to show trending Narcan use and patients treated.

Total Number Of Individuals Treated in With Narcan

**September: 220**

**October: 199**

Narcan Use

| | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | 12 month Average | Oct-26 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patients | 207 | 176 | 206 | 202 | 189 | 171 | 180 | 169 | 192 | 221 | 220 | 199 | **194** | **199** |
| Administrations | 257 | 219 | 288 | 257 | 248 | 235 | 249 | 216 | 254 | 282 | 310 | 258 | **256** | **258** |

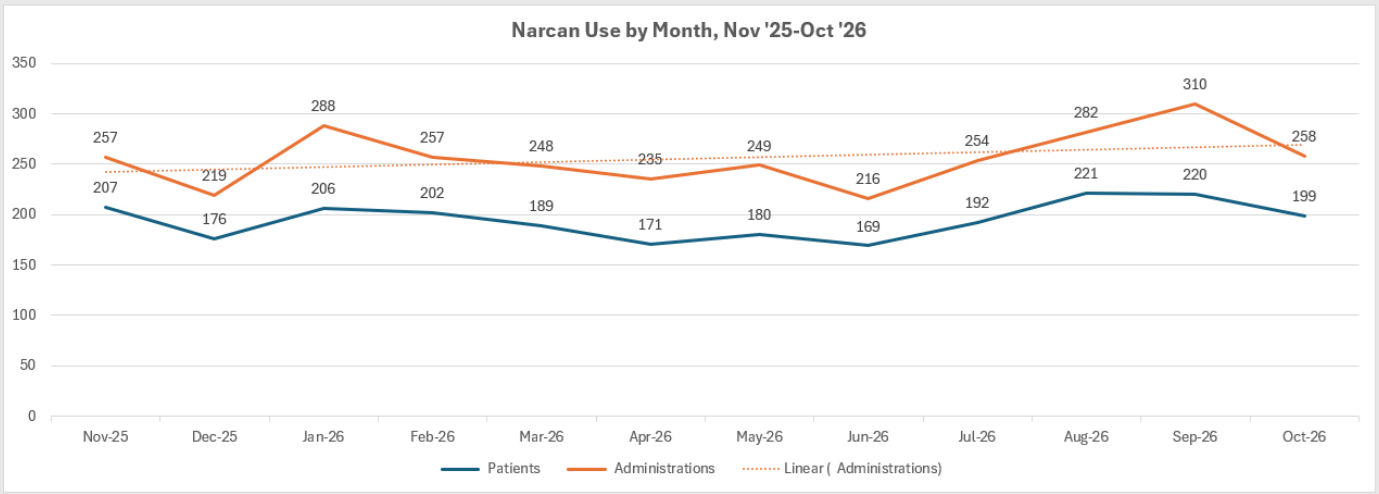



*Figure 11. Number of patients who Narcan was given to and number of Narcan administrations over time.*

## Advanced Paramedic Skills for Critical Patients

The table in Figure 12 shows the advanced medical interventions completed by SFFD medics in the field, by month.

| **Advanced EMS Skills** [source: ESO ePCR] | May | Jun | Jul | Aug | Sep | Oct |
|---|---|---|---|---|---|---|
| Intubation: Direct Laryngoscopy | 3 | 2 | 11 | 5 | 4 | 3 |
| Intubation: Video Laryngoscopy | 14 | 7 | 15 | 11 | 18 | 11 |
| Continuous Positive Airway Pressure (CPAP) | 28 | 29 | 25 | 21 | 28 | 36 |
| Pleural Decompression | 1 | 0 | 2 | 0 | 0 | 1 |
| Needle Cricothyrotomy | 0 | 0 | 0 | 0 | 0 | 0 |
| Cardioversion | 2 | 1 | 1 | 4 | 3 | 1 |
| Transcutaneous Pacing | 1 | 3 | 4 | 3 | 1 | 3 |
| Intraosseous Infusion Adult | 34 | 27 | 45 | 32 | 31 | 31 |
| Intraosseous Infusion Pediatric | 0 | 0 | 2 | 0 | 0 | 0 |

*Figure 12 - Advanced Life Support EMS skills over time.*

These medical interventions are invasive and reserved only for emergent patients that meet criteria. They are considered infrequent skills and are reviewed by our Continuous Quality Improvement (CQI) office.

## Cardiac Arrest Data

Our cardiac arrest survival rate is again correlated with the presentation of the patient in arrest. There is a correlation between Return of Spontaneous Circulation (ROSC) at the Emergency Department (ED) and whether the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Our results for those specific cases are at bottom and are indicated with the Utstein 1 and 2 designations.

| Month | Total | Resus Attempted | Witnessed | Shockable Rhythm | Bystander CPR/AED | ROSC at ED | % survival at ED |
|---|---|---|---|---|---|---|---|
| November '25 | 123 | 51 | 31 | 8 | 12 | 8 | 16% |
| December '25 | 136 | 38 | 23 | 4 | 8 | 11 | 29% |
| January '26 | 150 | 37 | 23 | 6 | 14 | 17 | 46% |
| February '26 | 125 | 43 | 25 | 6 | 3 | 14 | 30% |
| March '26 | 139 | 33 | 24 | 6 | 16 | 10 | 30% |
| April '26 | 94 | 24 | 14 | 3 | 10 | 9 | 38% |
| May '26 | 139 | 33 | 24 | 6 | 16 | 10 | 30% |
| June '26 | 116 | 27 | 25 | 6 | 10 | 8 | 29% |
| July '26 | 117 | 47 | 22 | 4 | 23 | 15 | 32% |
| August '26 | 128 | 35 | 22 | 5 | 12 | 7 | 20% |
| September '26 | 107 | 33 | 16 | 6 | 8 | 6 | 18% |
| October '26 | 125 | 37 | 19 | 7 | 6 | 7 | 19% |

*Figure 12 - Cardiac Arrest monthly data*

Of those numbers in Figure 12, here are the details for those in Utstein 1 and 2 categories for the months of this report found in figure 13. Utstein Criteria is defined in figure 14.

| | Number of calls | Transported | ROSC at ED | Percentage |
|---|---|---|---|---|
| **Utstein 1** | 2 | 2 | 1 | **50%** |
| **Utstein 2** | 1 | 1 | 1 | **100%** |
| **Yearly Total (1&2)** | 29 | 28 | 16 | **55%** |

*Figure 13 - Utstein table with totals of Utstein 1 and 2*

**Utstein 1**: Witnessed Arrest + found in a shockable rhythm
**Utstein 2**: Witnessed Arrest + found in a shockable rhythm + bystander CPR and/or AED

*Figure 14 – Utstein Criteria defined*

## Notable Calls

Incident Number: 26136789

Date: 09/26/2026

Units: E41, M514, M509

Details: Engine 41 and Medic 514 were dispatched to the scene of an accident to find an approximately 65-year-old female involved in a bus versus pedestrian accident. The patient had severe lower extremity injuries on her left leg, requiring immediate intervention. Engine 41 applied a tourniquet to her profusely bleeding leg, stopping the bleeding and improving patient outcome. M514 transported the patient code 3 to San Francisco General Hospital as a trauma activation.

Incident Number: 26138779

Date: 09/29/2026

Units: E37, E29, M574, and RC3

Details: Engine 37, Engine 29, Medic 574, and RC3 were dispatched to a gym to find an approximately 60-year-old male patient in cardiac arrest. The patient was reported to have participated in a jiu-jitsu sparring session just prior to cardiac arrest event. Bystanders, realizing the patient needed medical intervention, initiated CPR immediately and called EMS. Upon arrival of EMS, patient's EKG had shown ventricular fibrillation and was defibrillated a total of 3 times. The patient's airway was secured, and vascular access was established, allowing EMS to give cardiac medication. Shortly after, the patient regained pulses and transported to the San Francisco General Hospital. During transport, the patient began to further improve, regaining consciousness and eventually becoming awake and oriented.

Patients like this, who go into cardiac arrest with bystander CPR and found in a shockable rhythm (ventricular fibrillation or ventricular tachycardia) are classified under the Utstein 2, who have a better outcome than patients who do not have bystander CPR initiated. The quick action and determination of the bystanders who witnessed the event and started CPR very likely saved this patient's life and improved their outcome.

Incident Number: 26144185

Date: 10/09/2026

Units: M517, E12, RC2

Details: An approximately 50 y/o male had collapsed to the ground inside a building on the 400 block of Parnassus, near the Emergency Department. Bystanders recognized the need for EMS and waved down the nearby ambulance, M517, who responded and found the patient in full cardiac arrest. The ambulance crew immediately initiated CPR and called for additional EMS support, with Engine 12 and RC2 responding with lights and sirens. Upon further assessment, they found the patient in Ventricular Fibrillation and defibrillated the patient. The crew continued treating the patient, securing an airway, IV and administering cardiac medications. The EMS units on scene continued resuscitative efforts until the patient regained a pulse. M517 then transported the patient code 3 to UCSF Parnassus Emergency Department, where they transferred care to the hospital staff.

# EMS Training

## Guardians of the Bay Excercises



On September 26 and 27, The Alameda County Sheriff's Office conducted a series of exercises for Law Enforcement Officers, Fire Departments, and ambulance providers, that provide realistic, high-pressure crisis training for all members involved. The exercises provide high fidelity training, with the use of volunteer role players, moulage, and proctors. The San Francisco Fire Department members, including Division Chiefs, Battalion Chiefs, Captains, Lieutenants, Rescue Captains, Paramedics, Firefighters, and EMTs, participated in multiple drills throughout the day, further developing the department's cross-agency communication skills, coordination, resource management, rapid response, triaging, and treatment. We would like to thank the Alameda County Sheriff's Office for arranging these exercises and for allowing the Department's attendance. We would also like to thank Rescue Captain Jeff Covitz, who coordinated the Department's attendance and facilitated the learning process for our members to be better equipped to handle large-scale events.



## EMS Advancement Academy Conclusion

Three members of the Department completed the EMS Advancement Academy, which began August 24th, and concluded October 2nd, 2026. Completion of the training has led to their advancement from EMT to H3L2 Paramedic rank. These members have successfully completed three weeks of intensive classroom training, written tests, practical examinations, and three weeks of evaluation on the ambulance with their field training officers (FTOs). These newly promoted paramedics are now working full time within the EMS Division of the SFFD.

## EMS Academy – H3L2 Class 16



On September 14th, the San Francisco Fire Department began a new academy for paramedics entering the Fire Department's EMS Division. The 4 recruits will study and be tested on SFFD Policy, LEMSA Policy and Procedure, medical interventions, and documentation. The recruits are currently completing their ambulance ride-outs, where they will be tested on their assessments, medical interventions, policies and protocols, and communications skills. Upon successful completion of these ride-outs, they will become full-time members of the San Francisco Fire Department's EMS division and begin working on the ambulance full-time.

## Advanced Cardiac Life Support

In September, the EMS Training Division began a series of classes to train paramedics and EMTs from all ranks on the updated Advanced Cardiac Life Support (ACLS) from American Heart Association (AHA). These updates work in conjunction with local protocols, enabling the SFFD to deliver up-to-date care to our patients. The classes give our members the opportunity to practice these updates through mannequin simulations and discussions. These classes are scheduled to continue through the end of November 2026.



## SFEMSA Protocol Updates, In-Service Training

The San Francisco Emergency Medical Services Agency (SFEMSA) updates County EMS protocols with the help of the San Francisco Fire Department and private ambulance providers. These updates occur every six months and ensure that San Francisco EMS providers are operating under the most current standards. The SFFD's EMS In-Service Training team provides a breakdown of these protocol updates with four-hour in-person training sessions for all ALS providers in the Department, ensuring our members provide patient care in compliance with these changes. This round of updates includes select medication updates, new guidelines to treat additional medical emergencies (alcohol withdrawals, exacerbated asthma, hypotensive shock), and a new procedure (distal femur I.O.). These updates came into effect October 1st, 2026. The SFFD's EMS In-Service Training team provided training to approximately 350 paramedics within six weeks. We greatly appreciate the SFEMSA for taking an active role in promoting high-quality EMS care for the citizens of and visitors to San Francisco.

## 138th Firefighting Academy EMS training

The EMS Training Division trained the 48 recruits of the 138th Academy in bleeding control, active attacker, and obstetrics in the emergency setting. A total of 1,680 hours was spent on

training the class on critical, life-saving measures they will use throughout their career with the SFFD.

## Drills and Instruction

*September*

| Drills and Instruction for the Month | Members Trained | Training Hours Received |
|---|---|---|
| 138th H2 Firefighting Academy – EMS Training | 48 | 960 |
| H3-L2 Academy #16 | 5 | 520 |
| EMS Advancement Academy #35 (EAA35) | 5 | 240 |
| ALS In-service Training Fall 2026 | 220 | 880 |
| Advanced Cardiac Life Support (ACLS) renewal | 227 | 1,816 |
| Pediatric Advanced Life Support (PALS) renewal | 6 | 48 |
| Target Solutions (EMS) | 2,971 | 5,868 |
| **TOTAL** | **3,482** | **10,332** |

Noteworthy/Highlights:

- EMS Advancement Academy #35 completed: three (3) newly promoted L2s added to the ranks at Station 49
- H3L2 Academy #16 started 9/14
- 138th H2 Academy: ambulance ride-outs completed 9/19-20
    - EMS members in the 138th completed ride-outs on CP units

Additional Work Performed:

- EMT certification/Paramedic accreditation Renewals:
    - EMT Renewals – 37
    - Paramedic Accreditations – 14
    - TAD Accreditations – 2
- DMV/CADL:
    - Pull Notices (PN) reviewed – 22
    - CADL renewals – 24
    - DL-546 Forms – 28
    - EMS Return to Duty Training – 5 members

Vector Solutions Monthly EMS Module: EMS Heat Illness & Emergencies

## Drills and Instruction

*October*

| Drills and Instruction for the Month | Members Trained | Training Hours Received |
|---|---|---|
| 138th H2 Firefighting Academy – EMS Training | 48 | 720 |
| H3-L2 Academy #16 | 4 | 576 |
| EMS Probationary Testing | 7 | 28 |
| 5150 Initial Certification Training | 25 | 200 |
| 5150 Refresher Training | 8 | 16 |
| Advanced Cardiac Life Support (ACLS) renewal | 149 | 1,192 |
| Pre-Tower Orientation sessions | 41 | 164 |
| Pre-Tower Assessment sessions | 35 | 140 |
| Target Solutions (EMS) | 2,994 | 4,479 |
| **TOTAL** | **3,311** | **7,515** |

Noteworthy/Highlights:

- EMS Advancement Academy #35 completed: three (3) newly promoted L2s added to the ranks at Station 49
- H3L2 Academy #16 – completing Field Evaluations in the system

Additional Work Performed:

- EMT certification/Paramedic accreditation Renewals:
    - EMT Renewals – 43
    - Paramedic Accreditations – 12
    - TAD Accreditations – 0
- DMV/CADL:
    - Pull Notices (PN) reviewed – 11
    - CADL renewals – 25
    - DL-546 Forms – 2
- EMS Return to Duty Training – 4 members

Vector Solutions Monthly EMS Module: EMS Allergic Reaction Management

# Community Paramedicine Division Fire Commission Report
## September & October 2026
## Operational Period 9/1/2026 – 10/29/2026

### Dispatches

| | September | October |
|---|---|---|
| Total Dispatches | 1323 | 1249 |
| Daily Average | 44.1 | 40.29 |
| Average Response Time (minutes) | 19.20 | 19.29 |
| PD Special Calls | 245 | 243 |

### Involuntary Psychiatric Holds

| | September | October |
|---|---|---|
| Grave disability | 28 | 12 |
| Danger to Self | 8 | 6 |
| Danger to Others | 3 | 4 |
| Total* | 34 | 22 |

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

### Disposition Engaged Individuals (SCRT)

| | September | | October | |
|---|---|---|---|---|
| Ambulance Transport to Hospital | 90 | 13.51% | 94 | 14.57% |
| Non-Ambulance Transport | 164 | 24.62% | 169 | 26.20% |
| Remained in Community | 412 | 61.86% | 382 | 59.22% |
| Total Diverted from ED | 576 | 86.49% | 551 | 85.43% |
| Total Engaged | 666 | | 645 | |

### Top Alternate Destinations

| | September | October |
|---|---|---|
| #1 | Geary Stabilization Unit | Geary Stabilization Unit |
| #2 | SoMa RISE | SoMa RISE |
| #3 | Next Door/ Site S | Bayview Shelter |

## Community Paramedic Captains

| | September | October |
|---|---|---|
| Responses | 349 | 271 |
| Number of Unique High-Utilizers Engaged | 38 | 43 |
| Number of Engagements with High-Utilizers | 141 | 109 |
| Number of Unique Overdose Survivors Engaged | 2 | 3 |
| Number of Engagements with Overdose Survivors | 3 | 5 |
| 6th St Co-Response | 14 | 14 |
| Shows of Support (SoS) | 3 | 2 |
| SCOPE (Sobering Center Opioid Prevention & Education) Referrals | 0 | 0 |

Community Paramedic Captains attend Clinical Supervision, CQI reviews and conduct company drills on a weekly basis.

## Shared Services Coordinator Activities

September & October

A/Captain Gemma Johnson was onboarded by senior captains during September. Going forward, activities will be broken down by month.

- Case Conferences: 16
- Care Coordination Activities: 40
- Shows of Support Coordination: 6
- Clinical Supervision: 8

## Continuous Quality Improvement

41% of all charts (2,143) reviewed in September & October

*Week of 10/26 incomplete

Ongoing Meetings

- CQI: 8
- Weekly: GSU/DUCC
- Monthly: UC Hyde

## ADC Activities

**September**: Five station visits (16, 17, 35, 37 and 38) with Deputy Chief Miller

Attended ALS In Service Training and Advanced Cardiac Life Support Re-Certification

Attended 9/11 Remembrance Ceremony

Attend bi-weekly Breaking the Cycle and Cross Agency Leadership meetings.

Attend CD1's Quarterly Staff Meeting to present Strategic Plan and Quarterly Check In with CD1.

Attended Cal Chiefs EMS Section Meeting in Redding with Chief Anderson

Conducted H43 interviews with Chief Miller and Chief Anderson.

Attended CQI and Clinical Supervision.

Attended DMACC Department Meetings twice for Chief Crispen.

**October:** Attended the newly created Permanent Supportive Housing (PSH) Safety Operations Meeting. Referred 2 EMS6 clients under the new "Critical Incident Response" Policy.

Met with DPH leadership to discuss streamlining case conferences and care coordination utilizing a data driven approach.

Attended Post 5150 Work Group.

Met with the Deputy Director of State Council on Disabilities to advocate for greater local support for a developmentally delayed individual with nearly 90 911 contacts in the last 6 months.

Met with Citywide leadership to ensure awareness and action for a high utilizer with nearly 300 911 calls since January.

Presented to the Our City Our Home Commission with Chief Miller regarding SFFD's responses to individuals experiencing homelessness and/or mental health or substance use disorders.

Taught 2 sessions (De-Escalation, Legal and Ethical Considerations and Field Based 5150 Assessment) of the SFFD portion expanding 5150 capabilities to non-CP trained rescue captains.

## Medical Director

Dr. Graterol is assisting in developing a Community Paramedicine textbook based on San Francisco standards that eventually will be accessible and free across California. This work is funded by a Care Star grant and being produced by UCLA.

Weekly planning for the 2027 UCSF & SFFD Prehospital Community Care Conference continues, recruiting speakers and handling venue logistics. This is in partnership with UCSF, Care Star and SFFD and scheduled for February 2027.

He regularly attends CQI and Clinical Supervision as well as the monthly 5150 review with DPH.

## Division Updates

The first full month of data post deployment change shows stable outcomes. Units Hours Utilized (UHU's) or time spent on a call, has doubled. Units are getting into service more rapidly.

The top 3 destinations for September 2025 and September 2026 are the same.

Geary Stabilization unit, shelter (various locations) and Soma Rise.

## Division Highlights

Expansion of 5150 Capabilities: September 13th and 16th 25 members of the Department attended a 1 day 8-hour course that resulted in 5150 certification. In addition to the DPH 5150 and Behavioral Health 101 curriculum, members received training on De-Escalation, Field Based 5150 Assessment and Legal and Ethical Considerations.

On October 28th A/Captain Pedro Sanchez Molina participated in the Annual Latinx Mental Health and Justice Summit, as part of a Spanish speaking panel on what to expect from crisis response systems in SF. The summit was sponsored by the SF Chapter of the National Alliance on Mental Illness.

SCRT responded to an address for a report of a person yelling and throwing objects at another resident. On arrival they engaged with and verbally de-escalated the individual. The individual wanted to be placed on a 5150. After further assessment SCRT determined a 5150 was not indicated. SCRT administered Zyprexa and transported the patient to the Geary Stabilization Unit.

Arson and suppression members were dispatched to an individual who was setting fires, posing a danger to themselves and others. Recognizing the behavioral health component, a Street Crisis unit was special called, who then evaluated the individual and wrote a 5150. The patient was then transported to the hospital for further care.