



**Los Angeles County – Department of Health Services**  
**EMERGENCY MEDICAL SERVICES PLAN**  
**ANNUAL UPDATE**  
**(Fiscal Year 2021-2022)**



**Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies**

**Note:** Complete information for each facility by County.

<b>Name &amp; Address: OPERATED by LA County Fire</b> Avalon Fire Department P.O. Box 707 Avalon, CA 90704		<b>Primary Contact &amp; Phone Number:</b> Michael Alegria Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___93___ EMD      ___14___ EMT-D      ___ ___ ALS ___ ___ BLS      ___ ___ LALS      ___ ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210			<b>Primary Contact &amp; Phone Number:</b> Patricia Tachias Communications Manager 310.288.2634 ptachias@beverlyhills.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through Dr Angelique Campen.)</i>	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 4 EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Downey Fire Dispatch Center, "Downey Dispatch" 12222 Paramount Blvd. Downey, CA 90242			<b>Primary Contact &amp; Phone Number:</b> Tracy Gonzales Fire Communication Supervisor 562.299.5413 <a href="mailto:Tracy.Gonzales@areaefire.org">Tracy.Gonzales@areaefire.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 11 EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			<b>Primary Contact &amp; Phone Number:</b> Frank Forman Assistant Fire Chief 323.881.2370 <a href="mailto:frank.forman@fire.lacounty.gov">frank.forman@fire.lacounty.gov</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 91 EMD      _____ 14 EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

<b>Name &amp; Address:</b> Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012			<b>Primary Contact &amp; Phone Number:</b> Carlos Calvillo Assistant Fire Chief 213.576.8900 <a href="mailto:Carlos.Calvillo@lacity.org">Carlos.Calvillo@lacity.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 86 EMD      _____ EMT-D      _____ 33 ALS _____ 53 BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808			<b>Primary Contact &amp; Phone Number:</b> Dan Cunningham, Manager 562.570.9470 Daniel.Cunningham@longbeach.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

<b>Name &amp; Address:</b> Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277 310-379-2477			<b>Primary Contact &amp; Phone Number:</b> Jason Kilpatrick Communications Manager 310.379-2477 EX 2289 <a href="mailto:Jason.Kilpatrick@redondo.org">Jason.Kilpatrick@redondo.org</a>		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ 9      Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Santa Monica Public Safety Communications 333 Olympic Drive, 2 <sup>nd</sup> Floor Santa Monica, CA 90401			<b>Primary Contact &amp; Phone Number:</b> Lindsay Call Chief Resilience Officer 310.864-4183 Lindsay.call@santamonica.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

<b>Name &amp; Address:</b> South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250			<b>Primary Contact &amp; Phone Number:</b> Shannon Kauffman 310.973.1802 x102 skauffman@rcc911.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503			<b>Primary Contact &amp; Phone Number:</b> Karen Farmer 310.618.5673 Kfarmer@torranceca.gov			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS <u>14</u> Other			
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	

<b>Name &amp; Address:</b> Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204			<b>Primary Contact &amp; Phone Number:</b> Battalion Chief Phil Ambrose 818.548.5668 pambrose@glendaleca.gov			
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>17</u> EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other			
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	

**Table 11 – Resource Directory – Dispatch Agencies**

<b>Name &amp; Address:</b> West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790			<b>Primary Contact &amp; Phone Number:</b> Mary Rodriguez 626.939.8519 Mary.Rodriguez@wcpd.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD      _____ EMT-D      _____ ALS _____ BLS      _____ LALS      _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____ Uses Powerphone and their medical director	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District