

Sexual Assault Council

Los Angeles County



MEETING MINUTES FOR THE GENERAL MEETING OF THE LOS ANGELES COUNTY SEXUAL ASSAULT COUNCIL (LAC SAC)

JULY 23, 2025

10:00 AM – 12:00 PM

DEPARTMENT OF MENTAL HEALTH 510 S. VERMONT AVENUE, 9TH FLOOR TERRACE,
CONFERENCE ROOMS A AND B, LOS ANGELES, CA 90020.

Item	Description	Lead
I.	Meeting Opening and Land Acknowledgment Meeting called to order 10:05 am	Nicolle Perras, LAC SAC Exec. Director
	- LAC SAC member roster shared with members of Council. Council members instructed to input missing contact information - Reminder that meeting minutes will be posted - Introduction of bylaws. Bylaws to be posted on website and sent via the LAC SAC listserv.	
II.	Review of LAC SAC Draft Bylaws	Nicolle Perras, LAC SAC Exec. Director
	Chapter 1. GENERAL PROVISIONS Section 1. Applicability: No edits Section 2. Amending the Bylaws: Member asks to clarify a pending matter – what constitutes a “pending matter” - Member response: A Pending Matter is any agenda items carried over from a previous meeting. The section contains a definition of “a pending matter” Section 3. Suspending the Bylaws: LAC SAC ED reads a public comment from Chanel Smith clarifying that the 50% plus one vote is “of council members present” – - Yes – all agree? - Subsection or whole bylaw changes - Suspending a “section” of the bylaws? Rachel all in favor? Yes Section 4. Robert’s Rules: No edits Chapter 2. MEETINGS Section 1. Conduct of Meetings: No edits Section 2. Regular Meeting Time and Location: No edits Section 3. Special Meetings: No edits Section 4. Annual Meetings: No edits Section 5: Quorum: - Member asks how quorum defined, by active members?	

	▪ Council agrees: “A simple majority 50 percent plus 1 of the active members present at the meeting constitutes a quorum” of the Council. ▪ Add: Definition of “active” ○ Section 6. Absence of Quorum: LAC SAC ED asks Council if a meeting should be canceled in the event of lack of quorum if there are items on the agenda that are informational e.g., presentation ▪ Council agrees: Move forward on informational items in absence of a quorum ○ Section 7. Agenda Items: Member question how members will propose agenda items; Council discussion on timeline for when an item will appear on the agenda ▪ Council agrees: Input item on agenda no longer than the next 2 meetings ▪ Chapter 3. DEBATING AND VOTING ○ Section 1. Motions and Seconds: No edits ○ Section 2. Friendly Amendments and Unanimous Consent: No edits ○ Section 3. Majority Vote: Member discussion on 2/3 voting. ▪ Council agrees: “2/3 of Council members present” ○ Section 4. Roll Call and Order of Roll Call: No edits ▪ Chapter 4. OFFICERS ○ Section 1. Officers: Member discussion on co/chairs or vice chair, horizontal or vertical structure? ▪ Council agrees: Vertical organization/ chair/vice chair – 2nd vice chair ○ Section 2. Election of Officers: Members discuss on the following: ▪ Every year to evaluate election of officers ▪ Can there be staggered terms and self-selection, renewing options/experienced officers – “annual review meeting” and a “term limit” chair/vice chair/second chair – may serve up to two continuous year. ○ Section 3. Officer Vacancies: ▪ Members discuss whether to define majority vote for officers to be put onto a seat? Keep as 2/3rd to maintain consistency across the board? ▪ Members discuss the numbers to establish a quorum and minimum number of votes - 9 quorum/6 votes ▪ Members discuss 50 percent plus 1 versus 2/3 – issues are one thing, people are another – numbers become negligible with just a simple quorum ▪ Council agrees: 50 percent plus one for office vacancies ▪ Members discuss adding language if someone succeeds someone mid-term, does that count toward their 2-year term? • Council agrees: YES. ○ Section 4. Duties of the Chair – Agenda item to be carried into next meeting	
III.	Panel – LA County Rape Crisis Centers • Council Member Q/A and Discussion Public Comment • 2-minutes maximum per comment • Must pertain to LAC SAC business/subject matter jurisdiction • No discussion	• Center for Pacific Asian Families (CPAF) • East Los Angeles Women’s Center (ELAWC)

		• Peace Over Violence (POV) • UCLA Rape Crisis Center • YWCA of Greater Los Angeles
	Panelist: Jane Halladay Goldman, UCLA; Yvette Lozano, POV; Patima Komolamit, CPAF; Rebeca Melendez ELAWC; Yisel Lopez Munoz, YWCA Greater LA ▪ LAC SAC reading of the panelist's Bios ▪ LAC SAC overview of today's discussion regarding challenges and barriers experienced by Rape Crisis Centers (RCC) and what resources are available ▪ How are clients connected to your agency: ○ Walk ins or connected directly, online through "connect with us", Sexual Assault Response Team (SART) forensic exams and Law Enforcement (LE), office phone number during office hours. (Clients may not want an exam but want to be connected to resources) ○ Campuses, partners and other RCC, each [clinic/center] address a different issue/need and are Subject Matter Experts – this leads to referrals between clinics/centers ○ Medical offices, District Attorney, LE ○ Hotline for inmates as partnership with Los Angeles County Sheriff's Department (LASD), special collaborations e.g., (Peace Over Violence - POV) ○ Santa Monica: 70 percent from LE, child advocacy centers, therapy programs are similar, many agencies have MOUs with each other ○ In High Schools and will be going into middle schools ○ CPAF started hotline for language access – Dual SA/DV, partners with RAINN and Natl DV hotline ○ Partner with other orgs that have nothing to do with SA because they will go to them first, legal aid or work centers, API unit, Asian American Advancing Justice, will go to consulate or embassy first (API community) – partnering with them and training them on how to recognize SA/DV ○ ELA Women's Center Spanish speaking hotline 24 hours a day (Eng/Span) – 24-hour services, response, chat line has become more popular. Word of mouth. Promotoras are the largest source of an entry point. Youth programming. LA General Medical Center,	

	exposure to people from different backgrounds, EUR, Africa, etc. ▪ How do RCC operate differently from SART centers? ○ POV is part of the SART team, advocates, LE, forensic nurse, DA – the team has standards to follow/procedures/service provisions – 24-hour response time LACO USC, San Gabriel SART ○ Forensic centers have different rules/standards – but all one team ○ Provides comprehensive case management ○ All are unique UCLA Santa Monica- 2 separate SA clients run by rape treatment center; team of nurse practitioners and counselors 20 per diem nurses/20 per diem counselors ○ CPAF – Does not partner with a particular hospital but will respond to a call based on the [spoken] language ○ CPAF - Has an emergency shelter ▪ What are your funding sources? ○ RCC and SART are interchangeable ○ Funding comes from state and federal govt. grants (year by year) ○ UCLA - 90 percent is fund raising, and supported by UCLA ○ CPAF - 80 percent is state/fed – (25 plus grants to complete budget) CAL OES, Health and Human Services, Dept of Justice, etc ○ Panelist desires 1 source of funding ○ 94 percent funding was federal for the first RCC in the country that is now closing ○ Funding structure creates competition with DV and with one another; competing funding is a sad reality ○ Some Federal funding/funding has been on hold due to executive orders ▪ Data – Does your agency collect data? Do you share? Would you be willing to share? ○ Not enough money going into data collection for SA survivors or for infrastructure. There needs to be a carve out by a private foundation. ○ CPAF – data is constricted by the 25 grants that they have. Will to share data. ○ Since there are multiple levels of data requirements, data may need to go into their funders database – and can be duplicative. Agencies are willing to share data if it is organized and streamlined. ○ Agencies request that LAC SAC be realistic on how to share the data, policy and advocacy work. Panelist suggests LAC SAC drive the management of the data.	
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	○ ELA Women's Center– Doesn't have a lot of data but willing to share. ELA Women's Center produces an annual report. ○ Panelist suggest it would be good to see a snapshot of data for ALL of LACO. ○ UCLA – Willing to share data but must be aware of HIPPA considerations. UCLA also shares data with funders. (Since Santa Monica publishes data that other jurisdictions do not capture/publish/share, data maybe skewed to appear there is a disproportionate amount of SA/SV . ○ Trans/LGBTQ data – Panelist's seemed to recognize a need for more LGBTQ+ data but recognized that this climate is difficult for data collection within this population ○ Member question: How are minors labeled (not rape)? UCLA counts number of SA exams. The numbers differ because the types of exams are different for each population. Numbers may also be skewed because some individuals choose to freeze evidence; 20-30 percent of survivors turn over evidence later. ○ Member question: Should we be consistent on how data are labeled? Can we engage in this conversation? Clients come directly to RCC that do not want to go to LE. RCC can capture a client's data but LE may not. The challenge is to capture both LE and RCC data to see the true impact and need; and to make the case for not being able to address all the need with current level of available resources. ○ Member question: How to not duplicate numbers? With child stats, you can ensure no duplication because they have no choice in data capture. Many agencies share the same clients, which can duplicate numbers, and some are retrospective/older experiences. It will be challenging to eliminate all duplication. ○ Suggestion from LAC SAC ED: Council should form a data subcommittee or ad hoc committee ○ Comment Member: Native Americans have been left out (Indian Health Service – reported directly to Bureau of Indian Affairs – Feds) – Member recommends that today's presentation be moved out to the public in like health fairs, schools, etc. – Member suggests putting on an event at Grand Park, invite other orgs like LAPD, LASD. By making yourself approachable, face to face, clients will come to you.	
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	○ Panelist comment: All RCCs do more than can be discussed here. There is a connection with the Native American communities, POV, and ppl with disabilities ○ Data will allow for LAC SAC to have clout. Case managers needed at every hospital. ○ Look at campuses – more action is occurring; they need to be connected to the RCCs and know what they have available. ○ Question Council Members: How to determine if a caller is eligible? Zip code, if not, they do a warm hand off via a three-way call. POV has to ID as a survivor (Does not provide services to those who cause harm), consent, no geographic (no telehealth out of state), intensive outpatient (will they benefit from our services?) ○ Hotline numbers are difficult because some are not the appropriate services, and the younger generations will not continue calling different numbers looking for a specific service. ○ ELA Women’s Center offers Family Healing which can include those who have caused harm ○ Member questions: Impact data v quantity what makes survivors more comfortable or makes them willing to report? We need to look at impact data. ○ Member question: Describe your culturally sensitive services? CPAF staffing is reflective of pop multilingual/bilingual to respond in language and cultural humility. Trauma informed care, empathy. Staff training yearly. Language access and advocacy. Connection to the culture of the community. ○ Member question: What challenges barriers do victims of SA have? ▪ LAC SAC ED: Will need to hold over these questions. This is an introduction, will be able to establish committees once bylaws are adopted; can invite special speakers, etc. ○ Question Council Member: Qualitative data is critical from RCC. Meet the isolated in the pop. Janitorial industry with rapes due to immigration status. Engagement changes how ppl engage and creates referrals. ○ Be realistic on what you want to focus on with your subcommittees. Make specific goals for something tangible to come out of the work within these 2 years. ○ Member question: How does competing for funding benefit over working together? RCCs have begun to make strides as a team to go after funding together and dividing funding. New structure in the last 5 years.	
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	These offer exposure to other pops as well. Service areas are defined SA response, eliminates overlap of service. ▪ What is one immediate goal that the Council can take? ○ Map of RCC in the County ○ Committees, expanding resources, funding, advocacy to support funding for RCC for the future, survivors and community ○ Training for adult MH for SA, a learning collaborative (for adults) ○ Momentum with Council members, Supervisors – effort in coalition building but need decision makers/policy makers on board ○ Unified response: DA, LE, Forensic nurses, RCC, all providing the same services to survivors Public Comment: None	
IV.	Items held over from previous meeting(s). • Continued from LAC SAC June 23rd, 2025, meeting - OVP's summary of partner feedback and recommendations.	Nicolle Perras, LAC SAC Exec. Director
LAC SAC ED: Hold over items from previous agenda to be held to next meeting.		
V.	Matters not on the posted agenda/requested to be placed on a future agenda.	Nicolle Perras, LAC SAC Exec. Director
▪ LAC SAC ED: Aiming to complete discussion of bylaws in Aug. Final vote by Sep. ▪ Next meeting change in location and time to The California Endowment 12:00PM – 2:00PM ▪ Member comment: My community believes – “Silent no more with a red hand on our face, we are not silent anymore we will do it”		
VI.	General Public Comment • 2-minutes maximum per comment • Must pertain to LAC SAC business/subject matter jurisdiction • No discussion	Nicolle Perras, LAC SAC Exec. Director
Public comment: None		
VII.	Adjourn – 12:01PM • Next LAC SAC Meeting August 13th, 2025, 12:00 pm – 2:00 pm California Endowment 1000 Alameda Street Los Angeles 90012	Nicolle Perras, LAC SAC Exec. Director