Monterey County Board of Supervisors
Referral Submittal Form

Referral No. 2025.06
Assignment Date: 06/10/25

SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:

Date: 5/30/2025	Submitted By: Luis Alejo & Chris Lopez	District #: 1 & 3
Referral Title: **Monterey County Health Department Clinics Indigenous Pilot Program**		
Referral Purpose: The purpose of this referral is to design a pilot program at the Alisal Health Clinic in East Salinas to better meet the healthcare language needs of our Indigenous Oaxacan patients.		
Brief Referral Description: Monterey County has a growing Indigenous Oaxacan community with limited proficiency in English and Spanish, creating language barriers when trying to access services at our county clinics. The Alisal Clinic is one of the most utilized clinics by our indigenous residents. This referral aims to create a pilot program to hire indigenous medical interpreters for appointments and community health workers that could assist residents filling out forms with limited writing abilities. It also requests that our clinics update their appointment systems to flag whether a patient will need an indigenous interpreter for their appointment, and that our Health Department provide cultural training for clinic staff on our Indigenous communities. Lastly, it requests that the Health Department provide key information in indigenous languages by video when possible on matters, such as billing and coverage for medical expenses.		

Classification - Implication	**Mode of Response**
☐Ministerial / Minor ☐ Land Use Policy ☐ Social Policy ☐ Budget Policy **X** Other: Health Clinic Language Access	☐ Memo **X** Board Report **X** Presentation **Requested Response Timeline** ☐ 2 weeks **X** 1 month ☐ 8 weeks ☐ Status reports until completed ☐ Other: _____ ☐ Specific Date: _____

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

Department(s):	Referral Lead:	Board Date:
Health Department	Elsa Jimenez	06/10/25

REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s):	Referral Lead:	Original Date:

ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____ Date: _____	**Department's Recommended Response Timeline** ☐ By requested date ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months ☐ 1 year ☐ Other/Specific Date:_____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion: