

**Monterey County Board of Supervisors
Referral Submittal Form**

Referral No. 2022.13
Assignment Date: 3/22/22
(Completed by CAO's Office)

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

Date: 3/16/2022	Submitted By: Supervisor Mary Adams & Supervisor Wendy Root Askew	District #: 4 and 5
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Referral Title: Shipnuck

Referral Purpose: Request Natividad Medical Center to name a portion of Natividad Medical Center after Barbara Shipnuck

Brief Referral Description (attach additional sheet as required):

Barbara Shipnuck was the Supervisor for Monterey County's 2nd District from 1979 through 1994, becoming the first woman to hold this position. While knowledgeable about land use, water, the courts, public works, planning, parks and housing, Shipnuck emphasized her strong commitment to quality health care for all Monterey County residents from the moment she became a Supervisor.

Barbara realized early that the health of the County hospital, Natividad Medical Center, was critical to making quality health care available for all Monterey County residents, regardless of their ability to pay. As many counties around the State were closing their county hospitals, Barbara fought vigorously to keep Natividad open and modernize its mode of governance, physical facilities and the health services it offered to country residents

Barbara was instrumental in creating the Natividad Foundation in 1988, a non-profit fund-raising entity that has raised millions for Natividad since its inception. As Chair of the Board of Supervisors in 1989, Barbara worked assiduously to save Natividad and led the Board in establishing the first ever Board of Trustees for Natividad Medical Center in September 1989.

Barbara recognized the need for the County to raise its own revenue to meet residents' health care needs. Under her leadership, the Board of Supervisors held a study session on financing alternatives for Natividad and in July 1989, the Board endorsed a 1/2 cent sales tax for repair and improvement projects.

In August, 1989, the Board of Supervisors established the Monterey County Public Repairs and Improvements Projects Authority with Barbara as its Chair. Its first act was to place on the ballot election "Measure B," which sought passage of a 1/2 cent transaction and use tax to pay for the County's needed public works projects. In the November, 1989 election, Measure B was passed by the voters and Natividad was on path to be saved

Barbara Shipnuck passed away on January 6, 2022. This referral requests Natividad Medical Center to name a portion of Natividad Medical Center after Barbara Shipnuck in recognition of her work to save the hospital.

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation
	Requested Response Timeline
	<input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: <input type="checkbox"/> Specific Date: _____

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

Department(s): Natividad Medical Center	Referral Lead: Dr. Chad Harris	Board Date: 3/22/22
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO’s Office:

Department(s):	Referral Lead:	Date:
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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: _____	Department’s Recommended Response Timeline
Date: _____	<input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

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

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.