

Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2026.09
Assignment Date: 05/12/26
(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: 5/6/2026	Submitted By: Supervisor Wendy Root Askew	District #: 4
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Referral Title: Designate Monterey County as a Sanctuary County for Transgender, Gender Queer, Non-Binary, Gender Fluid, and Intersex Individuals

Referral Purpose: Adopt a resolution declaring the County of Monterey as a sanctuary county for transgender, gender queer, non-binary, gender fluid, and intersex individuals, thus affirming the right to live authentically and safely.

Brief Referral Description (attach additional sheet as required):

California continues to lead the nation in protecting LGBTQ+ rights, notably through the enactment of SB 107 (2022), which provides critical legal protections for individuals seeking or providing gender-affirming health care against out-of-state interference. Despite California's robust legal framework, a rising tide of restrictive legislation in other jurisdictions creates an urgent need for local governments to explicitly affirm their role as safe harbors. As a county that prides itself on its diversity—stretching from our coastal communities to the Salinas Valley—the County of Monterey must ensure that transgender and gender-diverse residents feel secure in accessing essential services.

Gender-affirming healthcare is recognized by major medical organizations, including the American Medical Association and the American Academy of Pediatrics, as essential and lifesaving. Research consistently demonstrates that access to these services significantly improves mental health outcomes and reduces suicide risks. Within our own backyard, the County of Monterey Health Department and local partners provide vital care; however, we recognize that local advocates have identified critical gaps, particularly a shortage of specialized therapists and surgeons within our local insurance networks. These barriers to care disproportionately affect our most vulnerable community members.

By adopting this resolution, the Monterey County Board of Supervisors sends a definitive message: our County is a sanctuary where the rights and well-being of transgender, gender-queer, non-binary, gender-fluid, and intersex individuals are prioritized. This action is particularly vital for the protection of LGBTQ+ youth in Monterey County, many of whom face heightened distress due to the national political climate.

Adopting the Transgender Sanctuary Resolution is a foundational step in reinforcing the County's commitment to equity and human rights. It aligns our local policy with State law and ensures that the County of Monterey remains a refuge of safety, dignity, and support for all members of our community, regardless of their gender identity or expression.

The attached draft resolution was developed by the County of Monterey's LGBTQ-Employee Resource Group for the Board's consideration.

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor	<input type="checkbox"/> Memo <input type="checkbox"/> Board Report <input type="checkbox"/> Presentation

<input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input type="checkbox"/> Other:	Requested Response Timeline		
	<input 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): <u>Civil Rights Office</u>	Referral Lead: <u>Juan Rodriguez</u>	Board Date: <u>05/12/26</u>
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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 Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.