2025-2026 KERN COUNTY GRAND JURY

KERN COUNTY PUBLIC HEALTH

BUDGET CUTS VS. SAFETY NETS

Release Date

November 24, 2025

PUBLIC HEALTH
BUDGET CUTS VS. SAFETY NETS

SUMMARY:

The mission statement for the Kern County Department of Public Health (DPH) is "To protect and safeguard the health and safety of the community."

Kern County (County) is geographically the third largest county in the state and is demographically diverse. Located at the southern end of California's great Central Valley, it is the gateway to southern California, the San Joaquin Valley, the Sierra-Nevada Mountain range, and the Mojave Desert. It encompasses 8,130 square miles, including metro areas, interstate highways, mountainous terrain and passages, rivers and lakes, remote desert communities, oilfields, and agricultural communities. According to the census, the 2025 Kern County population is 907,958.

In August 2025, the Kern County Board of Supervisors (BOS) implemented the Fiscal Year (FY) 2025-2026 budget (Appendix A), which included cuts made to meet financial realities. The Kern County Department of Public Health's budget cut is 25%, reducing their budget to $38.2 million from the previous year of $51.1 million. A cut of $12.9 million severely affected many of the programs and services. Some of the Public Health services and programs affected were:

- Know Your Numbers Program (Initiative to promote preventative care and chronic disease awareness)
- Sexually Transmitted Diseases (STDs), Know Your Risk Program, focusing on preventing and controlling Sexually Transmitted Infections (STIs)
- Community Education & Nutrition Services (public health nutritionists that provide outreach on Diabetes, obesity, and healthy living)
- Home care services for seniors and medically fragile individuals
- Services provided to farm workers and low-income families
- Services for children and Veterans' access to health care, addiction medicine, and mental health services
- Lab tests for diseases such as Diabetes, Valley Fever, and STDs

The DPH budget cuts will further impact shortages of doctors and nurses and cause economic strain due to rising costs. Staff reductions will also be a key factor in the ability to

provide the services needed. Reductions will affect everything from basic public health services to specialized care for vulnerable populations. Residents have voiced frustration and fear at public meetings, urging Supervisors to reconsider layoffs and use County reserve funds instead.

After reviewing budget documents, and conducting interviews with departmental staff, Kern Medical administrative staff, and members of the Health Department's Management Advisory Team, the Grand Jury found that the impact of severe budgetary health cuts on County residents is of real concern. The safety net provided by the DPH has been greatly weakened. A secondary safety net, provided by Kern Medical, will provide healthcare for many that would have been without care. Though this safety net is substantial it still leaves many at risk, especially those on Medicaid or a low-income status. As of July 2024, approximately 43 percent of County residents enrolled in Medi-Cal, California's Medicaid program; that is nearly half the population, which has one of the highest county-level enrollment rates in the state.

Kern Medical is confident they can provide the same services as Public Health clinics. Kern Medical has two mobile units, named "Minnie" and "Winnie," that are available for services to outlying areas. The DPH will keep their clinic open with a reduced number of appointments per day. There will still be a risk for those that will not be able to make timely appointments when needed.

Kern Medical Mobile Units,
"Minnie" and "Winnie"

PURPOSE OF INQUIRY:

California Penal Code §933, authorizes the Grand Jury to investigate and report on the operations, accounts, records of the DPH, and contracts with vendors. In view of the recent budget cuts impacting on the residents of Kern County, the Grand Jury inquired into the operations of the DPH.

METHODOLOGY:

The Grand Jury interviewed Kern County administrative staff directly involved in the recent budget cuts. Some of the cuts have caused deep concern among County residents, and these concerns were expressed at BOS budget hearings. Interviews were conducted with the DPH staff, Kern Medical, and the members of the DPH Management Advisory Team. This team was created to review current budget programs and to identify services that could be cut with the least impact on the community.

FACTS:

A. In August 2025, BOS initiated a 25% budget cut to the DPH from $51.1 million to $38.2 million.

B. The Health Department's workforce is absorbing $5.5 million in budget cuts.

C. The DPH cut 35 staff positions, including public health nutritionists, outreach workers, and a grant writer.

D. According to the Centers for Disease Control and Prevention (CDC), Kern County currently has the highest rates for Valley Fever, STDs, and Diabetes-related deaths, in California.

E. The CDC and the California DPH have determined that Kern County is a "provider-shortage area" due to an insufficient number of doctors and nurses available.

F. Reductions affected clerical staff, administrative educational, and behavioral health teams, a total of 35 positions were eliminated: 27 layoffs and eight unfilled positions.

G. The overflow of the DPH clinic appointments will be referred to Kern Medical and other community clinics operated by Kern Medical.

H. Immunization services will still be available in the DPH clinic, but with fewer appointments available.

I. Kern Medical administrators stated additional patients from the DPH will have some impact, but nothing that cannot be absorbed by the hospital or at one of the Kern Medical clinics.

J. The actual patient counts per the DPH-Bakersfield clinic for 2024 are as follows:
   - Average patient count per day 35
   - Minimum patient count per day 8
   - Maximum patient count per day 61

K. Many discretionary services, such as lab testing, can be provided through other providers in Kern County (e.g. Kern Medical, Sagebrush, Clinica Sierra Vista, etc.).

L. In order to maintain licenses and permits needed to receive vaccines from CDC, the DPH Mt. Vernon clinic will remain fully functional and provide treatment.

M. The City of Shafter DPH clinic was closed in July 2025 due to budget cuts.

N. The following testing is provided by the DPH:

- Valley Fever
- Rabies
- Food-borne illness
- Tuberculosis (TB)
- West Nile Virus
- Encephalitis
- Sexually Transmitted Infections

O. Tuberculosis testing and treatment, as well as STDs, are a high priority.

P. The DPH has policies in place to respond should an epidemic or pandemic occur.

Q. Kern Medical Emergency Room wait times fluctuate, depending on the day of the week, time of day, season, and triage factors.

FINDINGS:

F1. The 25% budget cut to the DPH services and programs has caused a health care risk to the Kern community.

F2. Restoration of funds to the DPH 2024-2025 budget levels could help maintain services.

F3. Reductions in workforce will keep programs and services from being fully reimplemented.

F4. The loss of the Grant Writer position eliminates the DPH's ability to secure new funding through grants.

F5 The DPH is in need of additional funding for testing and treatment because the CDC has rated Kern County as an elevated disease area for STIs, Diabetes, and Valley Fever.

F6. The reduction of appointment availability at the DPH and Kern Medical may cause undue hardship for residents needing medical treatment.

F7. The closure of the Kern County Health Department clinic in Shafter will cause hardship for patients with limited access to transportation.

F8. The DPH and Kern Medical provide identical clinical services.

RECOMMENDATIONS:

The 2025-2026 Kern County Grand Jury recommends:

R1. Effective May 1, 2026, the Board of Supervisors (BOS) should restore the DPH budget to 2024-2025 level adjusted for inflation. This will ensure proper restoration of services for the residents of Kern County. (Findings F1, F2)

R2. By May 1, 2026, the BOS should provide additional funding for testing and treatment of STDs, Diabetes, and Valley Fever. (Finding F5)

R3. By December 1, 2025, the DPH and Kern Medical should implement Public Service Announcements (PSAs) through local media platforms to inform the public of other clinic locations available to receive treatment. (Finding F6, F7)

R4. By February 1, 2027, the DPH should restore clinic services to Shafter. (Finding F7)

R5. By February 1, 2027, the DPH should restore services through their mobile unit. (Finding F7)

R6. By December 1, 2025, the Grand Jury recommends the DPH and BOS work together to re-establish the grant writer position to acquire funding through available grants. (Finding F4)

R7. By June 30, 2026, the BOS should investigate merging the DPH clinical services into Kern Medical. (Finding F8)

COMMENTS:

The 2025-2026 Kern County Grand Jury would like to thank the Department of Public Health and its Advisory Management Team, and Kern Medical for sharing their time and knowledge.

RESPONSE DEADLINES:

- **REQUIRED WITHIN 90 DAYS FROM:**

  Board of Supervisors
  Findings F1 through F8
  Recommendations R1 through R7

- **REQUESTED WITHIN 60 DAYS FROM:**

  Department of Public Health
  Findings F1 through F8
  Recommendations R2 through R7

- **INVITED RESPONSE:**

  Kern Medical
  Findings F6 and F8
  Recommendation R7

RESPONSES ARE REQUIRED PURSUANT TO CAL. PENAL CODE §§933, SUBD. (C) AND 933.05

- **PRESIDING JUDGE**
  KERN COUNTY SUPERIOR COURT
  1415 TRUXTUN AVENUE, SUITE 212
  BAKERSFIELD, CA 93301

- **FOREMAN**
  KERN COUNTY GRAND JURY
  1415 TRUXTUN AVENUE, SUITE 600
  BAKERSFIELD, CA 93301

Reports issued by the Grand Jury do not identify individuals interviewed. Cal. Penal Code §929, requires that reports of the Grand Jury do not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

APPENDIX A – Provided by Kern County Public Health

Public Health Services
Department Head: Brynn Carrigan
Fund: General
Budget Unit: 4110

Function: Health and Sanitation
Activity: Health

Description of Major Services

The Public Health Services Department provides a wide range of services to assist in the prevention of disease and the improvement of health, safety, and quality of life for County residents and visitors. The department participates in improving the health of the community through education, encouraging healthy lifestyles, and studying disease and injury prevention.

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Summary of Expenditures and Revenue

	FY 2023-24	FY 2024-25		FY 2025-26		
	Actual	Adopted Budget	Estimated Actual	Department Requested	Preliminary Recommended	Recommended
APPROPRIATIONS:						
Salaries and Benefits	$30,177,292	$37,167,178	$32,441,382	$29,347,354	$29,347,359	$31,429,101
Services and Supplies	11,998,748	13,442,380	9,131,161	8,712,370	8,712,370	8,712,370
Other Charges	1,260,472	1,728,451	920,491	1,340,704	1,340,704	1,340,704
Capital Assets	726,632	0	0	0	0	0
Other Financing Uses	0	0	0	0	0	0
TOTAL EXPENDITURES	**$44,163,144**	**$52,338,009**	**$42,493,034**	**$39,400,428**	**$39,400,433**	**$41,482,175**
Expend. Reimb.	($1,148,382)	($1,196,308)	($1,327,181)	($1,194,584)	($1,194,584)	($1,194,584)
TOTAL NET EXPENDITURES	**$43,014,762**	**$51,141,701**	**$41,165,853**	**$38,205,844**	**$38,205,849**	**$40,287,591**
REVENUE:						
Licenses and Permits	$763,322	$809,742	$853,149	$827,642	$827,642	$827,642
Fines and Forfeitures	95,520	150,000	88,859	62,377	62,377	62,377
Intergovernmental	28,558,469	41,638,542	28,036,173	29,044,881	29,044,881	29,044,881
Charges for Services	4,755,245	4,314,785	4,980,330	3,963,662	3,963,662	3,963,662
Miscellaneous	12,084	14,903	29,052	75,403	75,403	75,403
Other Financing Sources:						
Child Restraint Loaner Program	0	18,000	0	9,000	9,000	9,000
Tobacco Education Control	362,559	150,000	506,153	394,193	394,193	394,193
CDPH Emergency Prep Grant	0	84,422	0	0	0	0
Vital and Health Statistics	88,243	33,826	40,889	54,458	54,458	54,458
Emergency Medical Services Fund	179,939	316,590	146,900	300,000	300,000	300,000
TOTAL REVENUE	**$34,815,381**	**$47,530,810**	**$34,681,505**	**$34,731,616**	**$34,731,616**	**$34,731,616**
Less Available BSI *	$0	$0	$0	$0	$0	$0
NET GENERAL FUND COST	**$8,199,381**	**$3,610,891**	**$6,484,348**	**$3,474,228**	**$3,474,233**	**$5,555,975**
BSI Ending Balance *	$3,241,692	N/A	$0	N/A	N/A	N/A

* BSI = Budget Savings Incentives

Major Expenditures and Revenue in FY 2025-26 Recommended Budget The majority of expenditures for this budget unit are associated with staffing costs necessary to provide services and perform the essential functions of the department. The largest revenue category for the department is intergovernmental,

which is comprised of revenue received from the State and Federal government. Charges for service revenue is generated from document recording, clinic fees, case management fees, laboratory fees, and other sources. The department also receives an allocation of Net General Fund Cost.

Budget Changes and Operational Impacts The recommended budget reflects a significant decline in federal and state funding allocations, contributing to an overall revenue reduction of $12.5 million compared to the prior year's adopted budget. The most substantial impact is within Intergovernmental Revenue, where the majority of these reductions have occurred. Intergovernmental Revenue includes the Future of Public Health funding, originally introduced as a critical discretionary funding stream to support public health departments in strengthening their workforce and implementing programs designed to improve health outcomes. This funding, which began in FY 2022-23, was initially provided as an ongoing revenue source. However, in FY 2024-25 this funding was cut by $2 million. Additionally, on March 24, 2025, the department received an immediate stop work order on multiple Center for Disease Control and Prevention funding streams. This directive provided no advance notice significantly disrupting planned initiatives. The department anticipated approximately $10.5 million each year in revenue during FY 2024-25 and FY 2025-26 and was using this funding to cover the cost of approximately 30 full-time equivalents (FTEs). This funding was instrumental in funding essential public health services, including health education, clinic operations, respiratory virus and vaccine preventable disease monitoring, testing and response, immunizations and vaccines for children, and targeted initiatives to address health disparities. In addition to the department's revenue reductions, operational costs have increased due to the phased-in implementation of Senate Bill 525. Effective January 1, 2025, phase one of the healthcare workers' minimum wage requirements took effect, mandating that all affected positions receive a minimum hourly wage of $21. The impact of SB 525 was approximately $500,000 for FY 2024-25. This increase is not accompanied by any offsetting revenue, further straining the department's financial outlook. SB 525 includes two additional phases of implementation. Phase two will require affected positions to receive a minimum hourly wage of $23, followed by phase three, which will raise the minimum wage to $25 per hour. These required wage increases will continue to impact the department's operations in future fiscal years, necessitating further budget modifications and proactive financial strategies to mitigate ongoing fiscal challenges. As stated above, starting in FY 2024-25 the department faced a dual financial challenge, rising operational costs and an abrupt, unforeseen revenue loss necessitating a swift and strategic restructuring of its processes and workforce. In response, the department conducted a comprehensive assessment to prioritize resources and allocate available funding toward essential Public Health services that are unique to its mission, cannot be replicated by other agencies, and directly address the most urgent health needs of the community, particularly vulnerable populations. These critical services include, but are not limited to, comprehensive case management and support services for individuals living with HIV or tuberculosis, ensuring they receive medical care and continuity of treatment, vaccine management and distribution, maintaining immunization programs to protect public health, and emergency preparedness and response efforts to ensure rapid and effective action in the face of public health crises, disease outbreaks, or environmental health threats. Despite the department's swift response in adjusting to the unexpected and significant budget reductions late in the fiscal year, it was ultimately unable to fully offset expenditures. As a result, the department is projected to exceed the adopted Net General Fund Cost for FY 2024-25 by approximately $2.9 million.