ST. CLAIR COUNTY HEALTH DEPARTMENT

220 Fort Street, Port Huron, MI 48060
Phone: 810.987.5300
www.scchealth.co

September 18, 2025

MEMORANDUM FOR: Advisory Board of Health and Liz King, Health Officer
St. Clair County Health Department

FROM: Dr. Remington Nevin, Medical Director, St. Clair County Health Department

SUBJECT: Medical Recommendations for the Development of Primary Care Services

This memorandum provides medical recommendations and direction for the development of primary care services throughout St. Clair County. As recently noted, there is a substantial unmet need for such services, especially in the county's rural areas. As outlined in my August 1, 2025, memorandum, although the provision of primary care services is not a core function of local health departments (LHDs), the St. Clair County Health Department (SCCHD) can facilitate private community health organizations to better meet the need for these services.

State-funded school-based child and adolescent health centers (CAHC), such as have been operated by SCCHD, serve as an insufficient foundation for the development of more comprehensive primary care services, which are better provided by private community health organizations that can operate outside the constraints of limited state-based funding.

Even where appropriate to operate, CAHCs are not typically operated by LHDs. The majority of Michigan's over 120 CAHCs (Figure 1) are operated by federally qualified health centers (FQHCs) or other private community health organizations, such as hospital systems and non-profit organizations, [i] which typically operate CAHCs among a broader portfolio of comprehensive primary care clinical services. According to the Michigan Department of Health and Human Services (MDHHS),[ii] of Michigan's 45 LHDs, only 11 inclusive of SCCHD attempt to operate even a single CAHC. Of the 10 other LHDs that operate such clinics, these oversee a total of only 19 CAHCs. Thus, across Michigan, and consistent with a focus on core public health functions, the typical LHD operates no CAHCs, and of the small minority that do, these typically operate only a single CAHC.

By MDHHS policy, participation in the CAHC program necessitates that clinical staff participate in mandated annual state-led educational sessions, largely focusing on politicized topics at odds with local values. For example, recent annual CAHC meetings have encouraged school-based clinic staff to advocate for diversity, equity, and inclusion; "back door" gun registration through clinic-based firearms screening; and promotion of use of "Plan B" during confidential patient encounters (Figures 2–3).

For these and other reasons, I am therefore recommending that SCCHD endeavor to align its practices with the majority of LHDs across the state in rejecting direct CAHC funding and instead work to promote and facilitate private community health organizations, including FQHCs, to establish additional and more comprehensive primary care services throughout the county, including by better leveraging available local and federal resources.

FQHCs already operate a robust network of primary care centers in our area.[iii] For example, in St. Clair County, the Community First Health Centers FQHC currently operates two primary care clinics: one in Algonac, and one in Port Huron; in addition to a third clinic in New Haven in Macomb County. Also in Macomb County, MyCare Health Center FQHC operates three primary care clinics: one in Center Line, one in Mount Clemens, and one in Clinton Township. Throughout the Michigan Thumb and Bay City Area, the Great Lakes Bay Health Centers FQHC operates 23 separate primary care clinics (i.e., more than all CAHCs operated by all LHDs combined), including several at high schools, as well as a separate women's health clinic, all without apparent reliance on state-based CAHC funding.

In engaging with private community health organizations, I am recommending that SCCHD consider bold initiatives to better leverage existing local and federal resources. For example, SCCHD's new $6 million Main Clinic is significantly overbuilt for its core public health functions, with considerable excess clinic space that could be repurposed for comprehensive primary care and potentially even women's health services. SCCHD should investigate potential space-sharing with private community health organizations, including FQHCs, within broader agreements that could provide for the establishment and operation of additional primary care clinics in areas of need, especially in the county's rural areas. In this regard, both federal congressional Community Project Funding (i.e., earmarks) and the U.S. Department of Agriculture's (USDA) Community Facilities Direct Loan & Grant Program may provide opportunities for the funding of capital projects, such as the construction of rural primary care clinics.

Pending such arrangements, I have indicated that attempts to re-expand our participation in the CAHC program beyond the current Port Huron Teen Clinic location, including through additional part-time contracted physician supervision, would be inconsistent with my medical direction. Quality assurance review of clinical operations at the Yale and Algonac CAHCs, which have been either largely closed or operating significantly under capacity for several months preceding recent changes, have identified several critical standard-of-care concerns, including in registered nursing scope of practice and clinical documentation, precluding the continued operation of these facilities under less than full-time medical direction.

In summary, to facilitate the development of comprehensive primary care services in St. Clair County, I am recommending that SCCHD engage with private community health organizations, including FQHCs, to leverage local and federal resources effectively. This approach aligns with statewide trends and addresses unmet health needs, particularly in rural areas, while maintaining focus on core public health functions.

Remington Nevin, MD, MPH, DrPH
Medical Director

Enclosures: Figures 1–3

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[i] With the closure of the Yale and Algonac Child and Adolescent Health Clinics (CAHCs), SCCHD now operates a single CAHC at its Port Huron location, consistent with typical statewide norms for the minority of LHDs that choose to participate in the CAHC program. Based on recent state data, there are now 127 CAHCs, of which only 20 (i.e., less than 1/6th of all CAHCs) inclusive of the Port Huron location are operated by 11 of the state's 45 LHDs (i.e., less than 1/4th of all LHDs). Per MDHHS FY23 and FY24 data, FQHCs operate the majority of CAHCs (54%), with hospital systems and other health care organizations comprising the remainder. Clinical Model Breakout, 2024 CAHC Annual Meeting, October 8th-9th, 2024, Troy MI.

[ii] Letter to Liz King from Sarah Lyon-Callo, MDHHS Public Health Administration, August 12, 2025: "There are currently 11 LHDs that oversee 22 CAHCs…"

[iii] This listing is provided for illustrative purposes only and does not reflect endorsement of any specific organization.

Figure 1. Locations of state-funded school-based child and adolescent health centers (CAHC), FY2025.

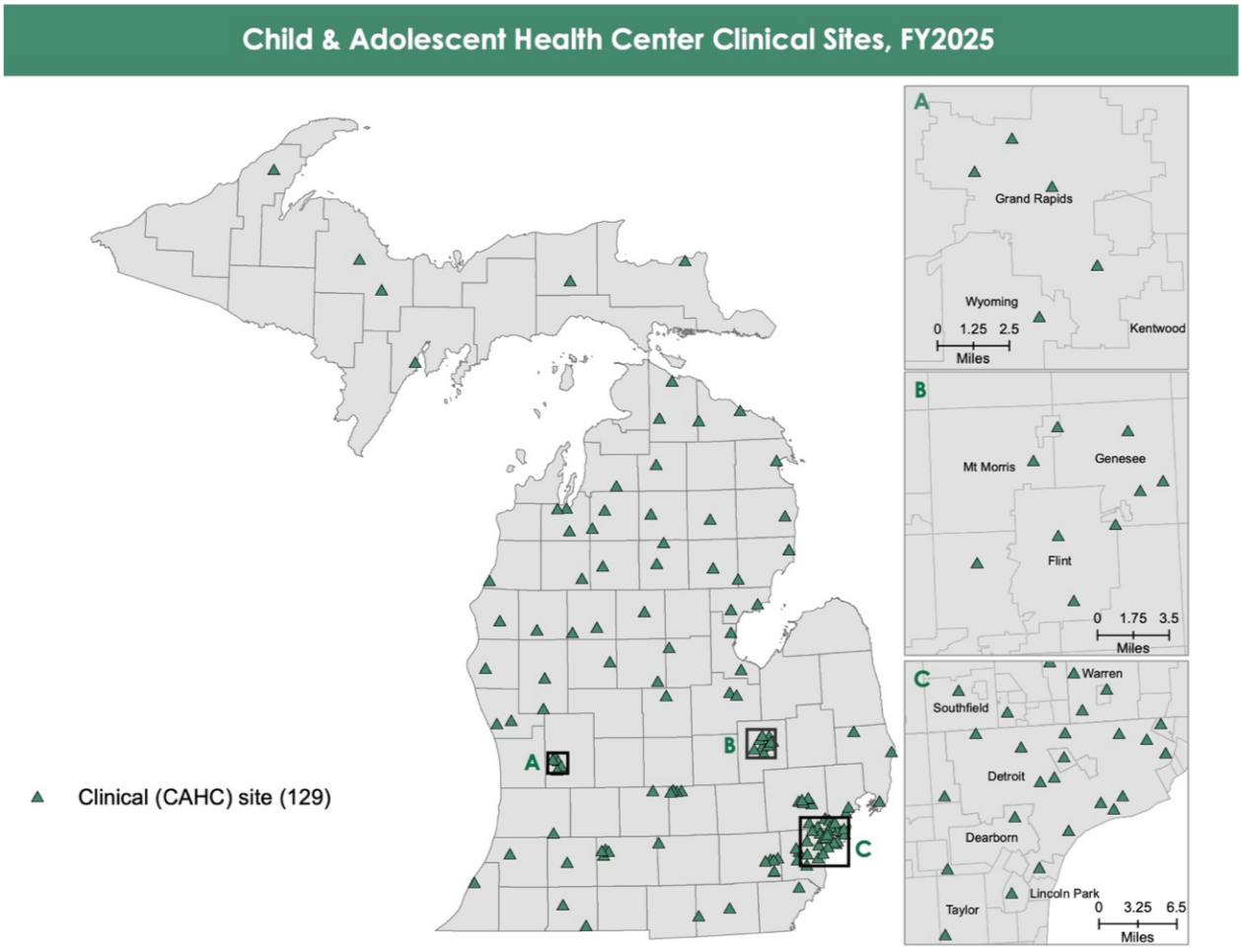

Figure 2: Promotion of “back door” gun registration in slides presented at the MDHHS school-based child and adolescent health centers (CAHC) 2025 Annual Meeting, August 11, 2025.

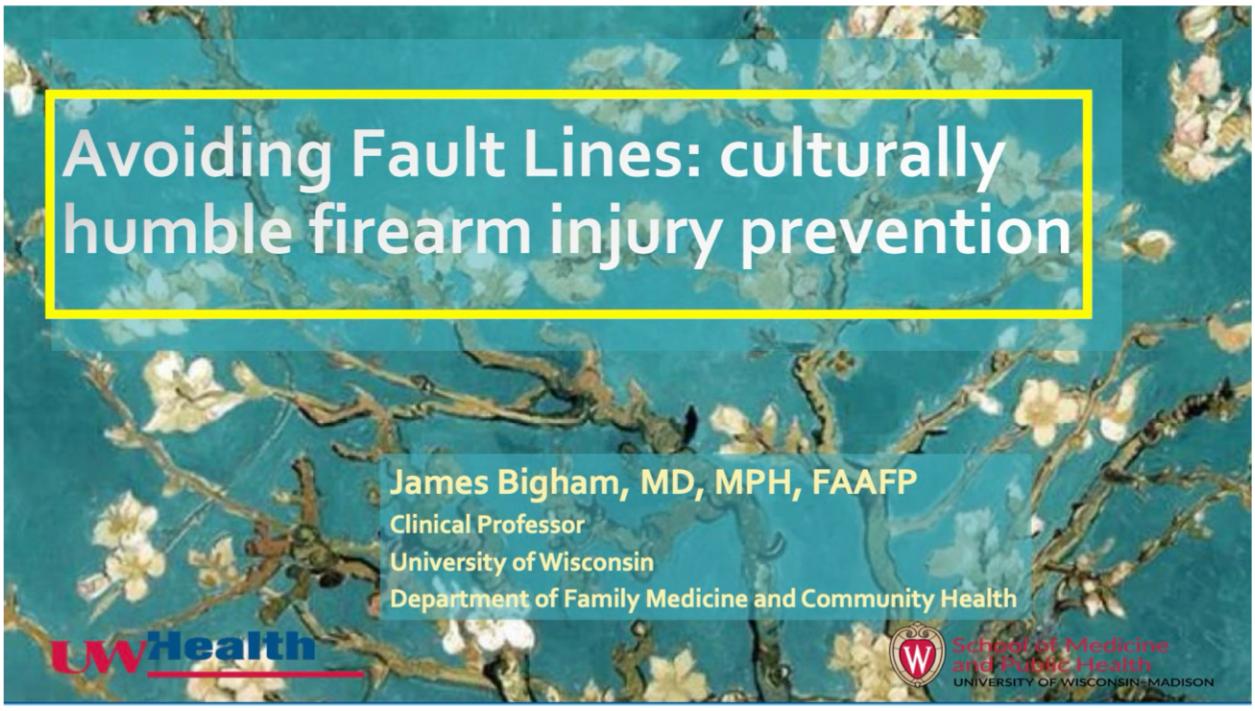

Figure 3: Promotion of "Plan B" in slides presented at the MDHHS school-based child and adolescent health centers (CAHC) 2023 Annual Meeting, October 23, 2023.