

May 13, 2026

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

FROM: Remington Nevin, MD, MPH, DrPH, Medical Director

SUBJECT: Proposed Reform of the CHNA and CHIP Process

This memorandum seeks the concurrence of the Advisory Board of Health in a proposed change to long-standing practice at the St. Clair County Health Department. The Department is approaching the point at which, under past practice, a new quinquennial Community Health Needs Assessment (CHNA) would be commissioned and a successor Community Health Improvement Plan (CHIP) drafted. The recommendation of the Medical Director is that the Department not commission a new contracted CHNA and that it not commission a new contracted CHIP, and that responsibility for these documents instead be assumed by the Department under the direction of the Medical Director.

Under this proposal the Department's public health priority-setting for the coming cycle would proceed under the same mechanism that has governed its recent regulatory and policy work: priorities formulated by the Medical Director with appropriate community input, and submitted to this Board for deliberation and ratification in open session. No procurement of consulting services for the next CHNA cycle has been initiated, and no community-facing data-collection activities for a new CHNA have been publicly announced; the Department's residual quarterly stakeholder meetings continue to track progress on the adopted 2023–2027 CHIP, but no element of the next cycle is yet in motion. The proposal is therefore prospective with respect to the next cycle and disrupts no work currently underway on the adopted plan. The reasons for this proposed change are set out below.

The Department has contracted out the community assessment function across at least the last two five-year cycles. The 2016 and 2021 CHNAs were each conducted by VIP Research and Evaluation under Dr. Martin Hill. The current 2023–2027 CHIP was prepared under a separate consulting engagement with Mary Kushion Consulting, LLC, which was retained both to evaluate the preceding CHIP and to facilitate the successor planning process.¹ Two consulting firms have thus been compensated for producing a single five-year planning cycle. The consultants, however, have functioned largely as scribes; the substantive priority-setting under this model has been performed by the planning committee they convened: a body of forty-six named partners, dominated in composition by St. Clair County Community Mental Health (CMH) and the body it leads, the Community Services Coordinating Body (CSCB). Under this arrangement, the role of the Medical Director and the Advisory Board of Health has been merely to receive the resulting plan, not to set it.

Instead, the CMH-led CSCB has, in practical effect, functioned as the de facto priority-setting body for the Department under the current contracted model. The CSCB describes itself as a coordinating body for health and human service activities in St. Clair County and comprises



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Greg Brown, BS
Administrator

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approximately seventy-five member organizations, including both private organizations, as well as several county departments and agencies whose operations and budgets are subject to oversight by the Board of Commissioners.² The CSCB is led, hosted, staffed, and financially underwritten by CMH. The 2023–2027 CHIP planning committee is, in composition, substantially the CMH-led CSCB roster (See Exhibit 1), and the body whose institutional priorities the CHIP records is, in substantial part, the CMH itself.

Several features of the CSCB’s structure are pertinent to the Board’s consideration of whether this body should continue to function, in practical effect, as the priority-setter for the Health Department. The CSCB began as a state pilot project in 1984; it received a designation as a Multi-Purpose Collaborative Body (MPCB) under Michigan Public Health Code section 333.6226, which was repealed by Public Act 500 of 2012—eliminating, more than a decade ago, the original statutory basis on which the body had been organized.^{3,4} CMH staff have confirmed under direct questioning before the Board of Commissioners’ Human Services Committee that the body has no current legal mandate.⁵ Unlike comparable bodies in other Michigan counties—among them Livingston, Clinton, Eaton, and Iosco—the CSCB has never been formally constituted by the St. Clair County Board of Commissioners, and it does not appear on the County’s official list of boards and commissions.^{6,7} CMH simultaneously chairs the CSCB, staffs it, hosts it, and serves as its fiscal agent. A comparative review of all comparable bodies identified in the list maintained by the Michigan Department of Health and Human Services identifies no other body in which a behavioral health agency simultaneously holds all of these roles.⁸ The CSCB’s own Memorandum of Understanding asserts that the body “does not fall under the Michigan Freedom of Information and Open Meetings Act,”⁹ and the body’s 2021 Annual Report similarly states that “CSCB is not a legal entity (therefore Open Meetings Act of 1985 does not apply).”¹⁰ The CSCB is the only body of its kind in Michigan that has been identified as making this claim. The body’s leadership is self-perpetuating: the chair (CMH’s Chief Executive Officer) was most recently re-elected to a 2026–2028 term through an unopposed Steering Committee nomination process; membership requires nomination by an existing member and payment of dues.^{11,9} Member dues are deposited into CMH accounts, and CMH has absorbed the body’s chronic operating deficits across multiple recent fiscal years.^{5,12} The MOU contains no conflict-of-interest provisions, no term limits, no attendance requirements, and no reporting obligations to any public body.⁹ The body has also undertaken organized political advocacy through this same opaque structure—preparing and distributing legislative advocacy letters and convening a legislative town hall—activities that fall outside any plausible reading of a coordination function.¹³ Its governance structure also does not provide for jurisdictional representation across the county. The City of Port Huron is the only municipality represented on the CSCB Steering Committee—the body that exercises the CSCB’s decisional authority. None of the county’s twenty-two other cities, villages, and townships holds a seat. This concentration of decisional authority in a single municipality is a structural concern in its own right, given that the county’s other incorporated communities are substantially rural and outlying.¹⁴

The 2023–2027 CHIP is the direct product of this body. Its forty-six named partners (see Exhibit 1) and its year-by-year strategy tables return, again and again, to the same institutional roster: CMH appears as a primary or secondary responsible organization across the Mental and Behavioral Health, Substance Use, and Adverse Childhood Experiences priorities—its own service areas—and the Region 10 Prepaid Inpatient Health Plan (PIHP), the “Office of Diversity, Equity and Inclusion,” and the CSCB and its standing committees (including the CSCB Suicide Prevention Committee and the CSCB Adolescent Workgroup) appear across nearly every priority area.¹⁵ The plan is organized around an “overarching goal” to “implement a collaborative set of strategies in order to improve the health outcomes prioritized by community stakeholders ensuring equity and inclusion,” with the partners having reached consensus that “ensuring equity and inclusion were to be at the forefront of all issues,” and its cross-cutting section is titled, in capital letters, “CROSS-CUTTING STRATEGIES TO ASSURE EQUITY AND INCLUSION.”¹⁶ That framing reflects the institutional culture of the body that drafted the plan. It does not reflect a Health Department priority-setting analysis, and it did not emerge from any deliberation of this Board. The CHIP’s overarching framing, priority selection, and cross-cutting goals reflect CMH’s

institutional priorities, presented under Health Department letterhead. The same institutional composition continues to characterize the quarterly “Healthy St. Clair County” stakeholder meetings now in progress under the adopted plan, at which CSCB-affiliated members regularly use the Department-convened platform to promote their own programming.¹⁵ The CSCB itself characterizes the CHIP as a product integrated into its own structure: its 2023 Annual Report states that “Within the CSCB structure, the CHIP is...integrated into various areas,” that “CHIP updates are routinely presented at the CSCB Steering Committee and Full Body Membership meetings,” and that “several CSCB member agencies have played pivotal roles in implementing different priority areas of the CHIP”—a self-description that situates a putatively Health Department product within the CSCB’s own organizational ambit.¹⁷

The statutory and regulatory framework governing local public health does not require this arrangement. The Medical Director is defined under Michigan Administrative Rule R 325.13001 as a physician employed “to provide direction in the formulation of medical public health policy and program operation” and as responsible for “developing and carrying out medical policies, procedures, and standing orders” and for “advising the administrative Health Officer on matters related to medical specialty judgments.”¹⁸ The medical specialty in question is Public Health and General Preventive Medicine, and the Department’s Medical Director holds board certification by the American Board of Preventive Medicine in that specialty. The core competencies of that specialty—population health assessment, public health surveillance, the planning and evaluation of public health programs, and the formulation of public health policy—are coextensive with the matters that Rule R 325.13001 places within the Medical Director’s specialty-judgment responsibility. The Health Department further holds, under Michigan Public Health Code, explicit statutory authority over public health and the statutory responsibility for health planning.¹⁹ The CMH-led CSCB, the contracted consultants, and the planning committee they convene appear nowhere in this framework. In contrast, the Advisory Board of Health is appointed by and accountable to the Board of Commissioners, deliberates in open session, and is the body that Michigan law and the Department’s own By-Laws establish as the advisory authority for the Health Department’s policy and operations.²⁰ Under the contracted model, however, the priorities presented to the Advisory Board for its nominal approval have been determined in advance by an outside committee that meets, as documented above, outside the requirements of the Open Meetings Act and without formal accountability to any public body. The appointed Advisory Board of Health—the only body in the Department’s governance structure publicly accountable to the residents of this county through their elected commissioners—has, in practical effect, been cut out of the process by which the Department’s priorities are set.

Nor does the Michigan Local Public Health Accreditation Program condition accreditation on completion of a CHNA or a CHIP in their present form. The controlling framework, administered by the Michigan Department of Health and Human Services (MDHHS) Division of Local Health Services, is the set of Minimum Program Requirements, which govern administrative capacity, powers and duties, and categorical grant-funded services. A CHNA and a CHIP are not enumerated essential indicators, and they are not mandated services under MCL 333.2473.²¹ What is required is a Plan of Organization that describes the Department’s approach to health assessments and planning, and that requirement is satisfied by an internal, Medical-Director-directed assessment narrative.²²

The disconnected nature of the past contracted products illustrates the consequences of having allowed public health priority-setting to drift far outside the Advisory Board of Health’s oversight. The 2016 CHNA, which informed the 2019–2023 CHIP, recorded among its findings that the County should “change criteria to stop insurance companies from dictating client/patient care,” that local actors should “have discussions with insurance companies to look at the quality of care, not the RVU’s,” that “one of the three hospitals should open a pediatric specialty center,” and that the County develop new affordable housing and establish “low cost loans for home repairs” as components of a health-needs response. The same document called for “jobs that offer living wages,”²³ “open access for adolescents and young adults to receive birth control,” for the establishment of “residential mental health facilities for kids,” and for “energy efficient /

weatherized homes” among its response priorities. It even proposed that the County “diversify our Board of Health” to include additional advocacy voices—a recommendation that, had it been implemented, would have restructured the very body to which the CHIP would later be presented.²³ The same document described the creation of a countywide “centralized data system” to be shared across all agencies and a countywide “steering committee” to develop “one-, three-, and five-year goals.”²³ These recommendations, drawn from a process that asked institutional stakeholders what they would like other institutions to do for them, reflect the policy preferences of the drafting committee far more faithfully than they reflect either the practical authority of a county health department or the values of the residents it serves. They are illustrative of a product that has been permitted to drift far outside the county’s values and its government’s proper functions, into territory that has no credible prospect of implementation.

What the past CHNAs and CHIPs have not done, across two full cycles, is engage seriously with the matters that residents of this county actually bring to their local government. Chief among those matters is the erosion of public trust in public health institutions since 2020—a documented national phenomenon that has been particularly acute among the residents of St. Clair County.²⁴ Rebuilding that trust is itself a public health priority, and it is the priority from which every other useful priority of the Department is likely to derive its legitimacy and its effectiveness over the next five years. The matters through which that trust has most visibly been contested in this county— informed consent and vaccine choice within the confines of state law, the siting of utility-scale solar development on prime agricultural land, and the community water fluoridation question— have each, in the Medical Director’s direct experience, been raised repeatedly by residents at township meetings, at the Board of Commissioners, and in communications to the Department. Yet a review of the 2017 and 2021 CHNAs and of the 2019–2023 and 2023–2027 CHIPs identifies no substantive discussion of any of these matters, and no substantive discussion of the underlying trust deficit.²⁵ A plan that is silent on the matters residents are actually raising, and silent on the erosion of trust that conditions residents’ willingness to engage with the Department at all, is not a plan for public health in St. Clair County.

The Department’s own 2024 CHIP Progress Report, prepared at the midpoint of the current CHIP cycle, documents progress on several substance use indicators—a domain in which CMH, as the lead implementing agency, has substantial program investment. In the priority areas in which the Department’s most direct interventions are required, however, the picture is less favorable: adult mental health outcomes have worsened (the share of adults reporting poor mental health 14 or more days per month rose from 15.6% to 19.1%), the five-year moving average suicide rate remains flat, the prevalence of Adverse Childhood Experiences (ACEs) remains unmeasured at midpoint, adult physical inactivity has worsened (25.0% to 27.0%), and the proportion of overweight high-school students has worsened (15.0% to 17.6%).²⁶ The contracted CHNA and CHIP have not, in short, generated a coherent plan that residents recognize as theirs, and they have not produced measurable improvement in the indicators they purport to track.

The contracted two-vendor model has, in addition, imposed an unnecessary five- to six-figure expense on the Department over each recent CHNA and CHIP cycle, drawn from Department operating funds. Nor is the contracted two-vendor model the prevailing approach elsewhere in Michigan. A review conducted in April 2026 of all forty-five local health departments on the roster of the Michigan Association for Local Public Health finds that only a small minority—on the order of seven departments—presently retain a named for-profit consulting firm as the principal facilitator or author of the CHNA, the CHIP, or both; the remaining departments prepare these products principally with their own staff. St. Clair County appears to be the only Michigan local health department that currently retains two separate named for-profit consulting firms—one for the CHNA and one for the CHIP—within a single five-year cycle.²⁷

The mechanism by which the Medical Director formulates and the Advisory Board reviews, advises upon, and ratifies in policy—the mechanism already used for the Department’s recent regulatory and policy work—is the appropriate alternative. Under this mechanism, the Medical Director’s qualifications in Public Health and General Preventive Medicine support the “medical

specialty judgments” called for by Rule R 325.13001; this Board retains its full authority, as it has on every prior matter brought before it, to advise on and ratify the formulated priorities; and the resulting record—the Medical Director’s submission and the Board’s deliberation and concurrence—constitutes the documented internal narrative that the Plan of Organization requirement actually calls for. Public health priorities for the coming cycle would be developed and documented as needed through this established public accountability mechanism.

Under this proposal, implementation of the adopted 2023–2027 CHIP would continue through expiration; progress tracking and stakeholder engagement on that adopted plan are not affected by this proposal, which addresses only the priority-setting process for the cycle to come. To ensure that member agencies of the CMH-led CSCB and its standing committees retain a structured opportunity to provide input to the Medical Director, and to facilitate the Department’s continuing engagement with the residual CHIP stakeholder meetings scheduled through December 2026, it is further proposed that the Medical Director assume the primary representative role for the Department at remaining 2026 CHIP stakeholder meetings (see Exhibit 2) and at future meetings of the CMH-led CSCB and its subcommittees. This adjustment ensures that such input is heard, considered, and weighed by the officer responsible under Rule R 325.13001 for the formulation of medical public health policy; it does not concede that input received in those settings will necessarily direct the Medical Director’s judgment.

I would welcome a motion by the Advisory Board of Health concurring in the process change recommended in this memorandum: that, for the cycle now beginning, the Department will not commission a contracted CHNA or CHIP, and that its priority-setting will instead proceed through formulation by the Medical Director under the authority of Rule R 325.13001, followed by deliberation and concurrence by this Board in open session.



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Exhibits as described

1. St. Clair County Community Health Improvement Plan 2023–2027, prepared by Mary Kushion Consulting, LLC, at p. 3. <https://stclaircounty.org/Pagebuilder/scchd/Uploads/2023-2027-CHIP-Plan-FINAL.pdf>. The document identifies Dr. Martin Hill of VIP Research and Evaluation as the contracted facilitator of the associated 2021 Community Health Needs Assessment and Mary Kushion Consulting, LLC, as the separately contracted evaluator and drafter of the successor CHIP.
2. St. Clair County Community Services Coordinating Body. 2024 Annual Report. January 2025. <https://cscbinfo.org/wp-content/uploads/2025/01/2024-CSCB-Annual-Report.pdf>. See also “About CSCB,” <https://cscbinfo.org/about/about-cscb/>.
3. Michigan Public Health Code, MCL 333.6226 (repealed). The pre-repeal text authorized county community mental health boards or local public health agencies to serve as coordinating agencies with local advisory councils. <https://law.justia.com/codes/michigan/2016/chapter-333/statute-act-368-of-1978/division-368-1978-6/division-368-1978-6-62/section-333.6226/>.
4. Michigan Legislature. Public Act 500 of 2012, effective December 28, 2012, repealed MCL 333.6226 as part of the recodification of substance abuse provisions under the Mental Health Code.
5. St. Clair County Board of Commissioners, Human Services Committee. Meeting Recording. April 2, 2026. CMH staff confirmed under direct questioning that the body has no legal mandate or statutory basis (timestamp 34:23–34:29); dues deposited into CMH accounts (46:30–47:23). <https://www.youtube.com/watch?v=W8mKCqenfM>.
6. Livingston County. Human Services Collaborative Body. <https://www.livgov.com/hscb/Pages/default.aspx>. Per the February 2023 Endorsed List of community collaborative bodies, the Livingston County Health Department’s Director/Health Officer served as Vice-Chair, and the body operates under formal county authorization. Clinton County (Resolution 96-12-243), Eaton County, and Iosco County similarly operate their comparable bodies under formal Board of Commissioners authorization, as documented by a comparative review of bodies identified on the MDHHS Endorsed List (see note 8).

7. St. Clair County, Michigan. "Boards & Commissions List." Accessed March 2026. The CSCB does not appear on this official county listing. <https://www.stclaircounty.org/Offices/641>.
8. Michigan Department of Health and Human Services. Endorsed Community Collaboratives list, compiled by Mary Ludtke, MDHHS Innovative Services Section Manager. Three successive iterations reviewed: 2003 (<https://www.bridges4kids.org/counties/MPCBWGLst3.pdf>), July 2013 (MPCB Workgroup List with Affiliated Collaboratives), and February 2023 (76-Endorsed-List-February-2023). The 2013 and 2023 lists were provided to the author by Ms. Ludtke via personal communication, April 17, 2026. A review of publicly available information was conducted for all bodies identified across these lists.
9. St. Clair County Community Services Coordinating Body. Memorandum of Understanding. 2026. Contains the FOIA/OMA exemption claim ("The St. Clair County Community Services Coordinating Body does not fall under the Michigan Freedom of Information and Open Meetings Act of 1987") and provisions establishing membership through nomination and dues, dispute resolution by an Executive Committee chaired by CMH's CEO, and the absence of conflict-of-interest, term-limit, attendance, or public-reporting requirements.
10. St. Clair County Community Services Coordinating Body. 2021 Annual Report. 2022. <https://cscbinfo.org/wp-content/uploads/2022/02/2021-CSCB-Annual-Report.pdf>.
11. St. Clair County Community Services Coordinating Body. Full Body Meeting Minutes, November 19, 2025. <https://cscbinfo.org/wp-content/uploads/2026/01/Full-Body-Minutes-November-2025.pdf>.
12. St. Clair County Community Services Coordinating Body. Steering Committee Meeting Minutes, February 23, 2025; April 23, 2025; and June 26, 2025. <https://cscbinfo.org/wp-content/uploads/2026/03/February-Minutes.pdf>; <https://cscbinfo.org/wp-content/uploads/2026/03/April-Minutes.pdf>; <https://cscbinfo.org/wp-content/uploads/2026/03/June-Minutes.pdf>
13. St. Clair County Community Services Coordinating Body. Steering Committee Meeting Minutes, June 26, 2025 and August 28, 2025. <https://cscbinfo.org/wp-content/uploads/2026/03/June-Minutes.pdf>; <https://cscbinfo.org/wp-content/uploads/2026/03/August-Minutes.pdf>.
14. St. Clair County Community Services Coordinating Body. CSCB Organizational Chart, December 3, 2024. <https://cscbinfo.org/wp-content/uploads/2025/01/CSCB-Org-Chart.pdf>. The Steering Committee includes a representative of the City of Port Huron; no other municipality in St. Clair County—which comprises 23 cities, villages, and townships—is represented on the Steering Committee.
15. St. Clair County CHIP 2023–2027, supra note 1, at Table 1 (Community Partners) and accompanying strategy tables, listing among the primary and secondary responsible organizations for the Mental and Behavioral Health, Substance Use, and Adverse Childhood Experiences priorities the St. Clair County Community Mental Health Authority (repeatedly, including under the TalkSpace telemental-health strategy, naloxone training, medication-assisted treatment training, the Substance Use Disorder treatment-wait-time strategy, and the Trauma Informed Community Building model), the Region 10 Prepaid Inpatient Health Plan, the Community Services Coordinating Body and its standing committees (including the CSCB Suicide Prevention Committee and the CSCB Adolescent Workgroup), and the "Office of Diversity, Equity and Inclusion." The same institutional composition is reflected in the quarterly "Healthy St. Clair County" CHIP Stakeholders Meeting minutes; see, e.g., CHIP Stakeholders Meeting Minutes, March 25, 2026 (documenting attendance by, among others, SCCCMH, R10 PIHP, Council on Aging, SCC RESA, and the SCC Sheriff's Office, and the use of "member sharing" time by SCCCMH and Council on Aging to promote their own programming). (Enclosed as Exhibit 2).
16. St. Clair County CHIP 2023–2027, supra note 1, at pp. 4, 5, and 6 (stating the overarching goal: "Implement a collaborative set of strategies in order to improve the health outcomes prioritized by community stakeholders ensuring equity and inclusion"; noting that "The partners came to consensus early on in the process that ensuring equity and inclusion were to be at the forefront of all issues"; and listing "CROSS-CUTTING STRATEGIES TO ASSURE EQUITY AND INCLUSION").
17. St. Clair County Community Services Coordinating Body. 2023 Annual Report. December 2023. <https://cscbinfo.org/wp-content/uploads/2023/12/2023-CSCB-Annual-Report.pdf>, at p. 5 ("Our pledge to improve health outcomes with our focus on the Health Department's Community Health Improvement Plan (CHIP) to the proactive work of the Substance Use Prevention, Treatment, and Recovery Workgroup underscores the commitment...") and at the CHIP section ("The 2023-2027 St. Clair County Community Health Improvement Plan (CHIP) marks our community's commitment... Spearheaded by the St. Clair County Health Department..."; "Within the CSCB structure, the CHIP is...integrated into various areas"; "As standing agenda item, CHIP updates are routinely presented at the CSCB Steering Committee and Full Body Membership meetings"; "Several CSCB member agencies have played pivotal roles in implementing different priority areas of the CHIP").
18. Michigan Administrative Rule R 325.13001, defining the medical director as a physician who qualifies as a medical health officer and who is employed "to provide direction in the formulation of medical public health policy and program operation," and who "shall be responsible for developing and carrying out medical policies, procedures, and standing orders and for advising the administrative Health Officer on matters related to medical specialty judgments." <https://www.law.cornell.edu/regulations/michigan/Mich-Admin-Code-R-325-13001>. The Department's Medical Director holds board certification by the American Board of Preventive Medicine in the specialty of Public Health and General Preventive Medicine, whose core competencies—population health assessment, public health surveillance,

program planning, and the formulation of public health policy—are coextensive with the matters placed by Rule R 325.13001 within the Medical Director’s specialty-judgment responsibility.

19. Michigan Public Health Code, MCL 333.2433, 333.2435, 333.2441, 333.2442, 333.2446, 333.2451, 333.2453. See also: Michigan Attorney General. Michigan Public Health Law Benchbook. December 3, 2025. <https://www.michigan.gov/ag/-/media/Project/Websites/AG/publications/Michigan-Public-Health-Law-Benchbook-2025-Dec-3-2025-Approved-Final.pdf>.

20. St. Clair County Advisory Board of Health. By-Laws. Revised June 18, 2025; adopted by Board of Commissioners July 17, 2025. <https://stclaircounty.org/PageBuilder/scchd/Content/PdfFiles/bylaws-rev-July-2025.pdf>. See also Michigan Public Health Code, MCL 333.2433 et seq., which establishes the local governing entity’s authority to provide for an advisory body to the local health department.

21. Michigan Local Public Health Accreditation Program, 2023 Introduction and Overview. <https://accreditation.localhealth.net/wp-content/uploads/2023/04/Intro-and-Overview-Guide-2023.pdf>. See also MDHHS, Michigan’s Guide to Public Health for Local Governing Entities (June 2023). https://accreditation.localhealth.net/wp-content/uploads/2023/06/Public_Health_Guide_Final-Digital-Accessible-6.23.pdf. Neither the Accreditation Tool nor the Guide establishes completion of a Community Health Needs Assessment or Community Health Improvement Plan as an essential indicator, a required service, or a condition of accreditation.

22. Michigan Local Public Health Accreditation Program, Plan of Organization Guide (Appendix III to the 2023 Introduction and Overview). <https://accreditation.localhealth.net/wp-content/uploads/2023/04/Intro-and-Overview-Guide-2023.pdf>. The Plan of Organization requirement calls, under Section (4) (Local Planning and Collaboration), for an “outline or list of LHD-specific priorities” that describes the Department’s “health assessments, health planning, and strategic planning efforts.”

23. 2016 St. Clair County Community-Wide Community Health Needs Assessment Summary (April 2, 2017). https://stclaircounty.org/Pagebuilder/scchd/Uploads/Pdf/St.%20Clair%20County%20CHNA%20Summary%20for%20Presentation%204_2_17.pdf. The quoted recommendations appear at the Executive Summary (pp. 22–23), Key Informant Survey (pp. 239, 275), Resident Survey (pp. 284, 287, 296, 303), and Housing Needs section (p. 307).

24. The erosion of public trust in public health institutions since 2020 is a documented national phenomenon. See Perlis RH, Ognyanova K, Uslu A, Lazer D, et al., “Trust in Physicians and Hospitals During the COVID-19 Pandemic in a 50-State Survey of US Adults,” *JAMA Network Open* 7(7):e2424984 (July 1, 2024) (finding, in a survey of 443,455 US adults, that the proportion reporting “a lot” of trust in physicians and hospitals fell from 71.5% in April 2020 to 40.1% in January 2024), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2821693>. See also Kaiser Family Foundation, *KFF Tracking Poll on Health Information and Trust* (January 2025) (reporting that trust in state and local public health officials to make the right health recommendations declined from 64% in June 2023 to 54% in January 2025, with parallel declines in trust in the CDC and FDA), <https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-january-2025/>; Pew Research Center, *Public Trust in Scientists and Views on Their Role in Policymaking* (November 14, 2024), <https://www.pewresearch.org/science/2024/11/14/public-trust-in-scientists-and-views-on-their-role-in-policymaking/> (documenting that 27% of Americans now report “not too much” or “no” confidence in scientists to act in the public’s best interests, up from 12% in April 2020).

25. A review of the 2017 and 2021 CHNAs and of the 2019–2023 and 2023–2027 CHIPs identifies no substantive discussion of community water fluoridation, of informed consent and vaccination exemptions, of the siting and regulation of utility-scale solar development on prime agricultural land, or of the documented erosion of public trust in public health institutions since 2020.

26. St. Clair County Health Department. 2023–2024 Progress Report—2023–2027 Community Health Improvement Plan. January 2025. <https://healthyscc.org/wp-content/uploads/2025/01/CHIP-Progress-Report-2024-2.pdf>. The Progress Report is hosted on the Department’s CHIP companion site, healthyscc.org, which is operated under the “Healthy St. Clair County” brand at the request of the St. Clair County Health Department; its domain and logo are distinct from those used by the Department in other contexts.

27. A review conducted in April 2026 of all forty-five local health departments on the roster of the Michigan Association for Local Public Health, <https://www.malphp.org/directory/>, identifies only a small minority—approximately seven—that retain a named for-profit consulting firm as the principal facilitator or author of the current CHNA, the current CHIP, or both. St. Clair County is the only identified Michigan local health department that presently retains two separate named for-profit consulting firms—one for the CHNA and one for the CHIP—within a single planning cycle.

Healthy St. Clair County

2023-2027 COMMUNITY PARTNERS



CHIP Stakeholders Meeting Minutes
Don Dodge Auditorium
Wednesday, March 25, 2026
2:00 PM - 3:00 PM

Present: Adrienne Luckenbacher (SCCCMH), Ally Rooker (Henry Ford) Alyse Nichols (SCCHD), Amy Bishop (SCCHD), Brandon Fey (SCCHD), Cindy L. Eckert (R10 PIHP), Dan Casey (EDA), Eric Norat (CCSEM), Jodi Powell (PH Housing), Kevin Watkins (NAACP), Liz King (SCCHD), Mat King (SCCSO), Melissa Reno (SC4 Nursing), Natalie Adair (SCC RESA), Scott Crawford (Council on Aging), Sheila Volker (YMCA), Sheri Faust (Friends SCR), Tara Reyna (United Way)

Members of the public were also in attendance.

Welcome and introductions

Tracking CHIP Activities Update

The Community Health Improvement Plan (CHIP) encompasses three strategic priority areas that have been addressed over the past five years. Recent survey submissions show work being done to make progress toward goals in Mental & Behavioral Health, Substance Use, and Obesity & Associated Health Behaviors.

Previous meetings throughout the year highlighted each of the priority areas to allow for stakeholders to see progression, share ongoing work, and collaborate on areas of need. This first meeting of 2026 highlighted ongoing work that is being done across St. Clair County.

Discussion with Friends of the St. Clair River

The Friends of the St. Clair River continue working to bridge gaps in public health and trails by engaging the community. Their 12-month grant includes ongoing planning to bring people in for trail use and to be advocates of the trails. Multiple organizations shared that they could offer programming that includes visiting the trails to increase engagement and awareness. Reach out to Sheri Faust, Director of Friends of the St. Clair River for ideas on ways your organization can engage with the trails.

Presentation: Catholic Charities of Southeastern Michigan, Eric Norat

Catholic Charities of Southeastern Michigan's (CCSEM) Clinical Manager Behavioral Health Services, Lapeer County, Eric Norat, presented on the services offered through CCSEM. They offer faith based and secular mental health and support services across 14 locations in Southeast Michigan. Their St. Clair County office, located on 13th St. in Port Huron offers counseling, behavioral health services, and substance abuse counseling for families, children, adults, and seniors. Services are available as outpatient treatment both in-person and via telehealth.

In addition to mental health and substance use disorder services, the St. Clair County Counseling location also specializes in Residential Substance Use Disorder Treatment (RSAT), prevention for substance use disorder, anger management, pre-marriage counseling, driver's license reinstatement, and veteran's issues.

Their services are provided for no cost to St. Clair County residents over 60 years of age and they also accept most private insurances. For those individuals that are uninsured or underinsured, they offer a sliding fee for many services and no one is turned away.

Member Sharing

- SCCCMH: On April 17th, they will be holding a training seminar from 9 am-12 pm at the Municipal Office Center in Port Huron. This seminar of "Resilience Rising: Understanding Trauma & the Path to Healing" will focus on understanding trauma, exploring evidence-based practices, and learning how resilience can support healing. The 18th Annual Healthy Minds Healthy Bodies Run for Recovery will take place on Saturday, May 9, 2026 with various start times. Interested individuals can register by mail or in person in advance, or between 7:30 am – 8:30 am on registration day.
- United Way: Hosting their 6th Annual Run United on May 3rd, 2026 at the East China Township Park at 11:30 am. Registration is available online through April 24th. They also recently hosted their Light the Way Gala fundraiser. This event was enjoyed by many and served a great community cause.
- Council on Aging: St. Clair County has seen an increase in Parkinson's disease. To support our community, they are offering regularly occurring Parkinson's support groups and Parkinson's exercise classes at senior centers across the county.

Next Meeting – June 24th, 2026 – Virtual