

May 29, 2026

Debra Johnson  
Chief Executive Officer  
St. Clair County Community Mental Health

Dear Ms. Johnson:

Thank you for your May 26, 2026 letter concerning my May 13, 2026 memorandum, “Proposed Reform of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) Process.” I appreciate your stated willingness to discuss the St. Clair County Community Services Coordinating Body’s (CSCB’s) “structure, membership, or history,” and I agree with the general premise that collaboration among public, nonprofit, healthcare, educational, and human service organizations is valuable. My May 13 memorandum did not question the value of collaboration. It addressed whether, in my policy role as Medical Director, I should continue to rely on a contracted priority setting process shaped through a St. Clair County Community Mental Health (CMH)-administered structure lacking ordinary public governance safeguards.

I want to be clear that my concerns are not directed at the private charities, nonprofit organizations, faith-based groups, businesses, educational institutions, citizen representatives, or other community partners that participate in CSCB’s work. My concerns are directed at the concentration of administrative authority, public resource support, and public policy influence within a CMH-administered structure that lacks ordinary public governance safeguards. Because these concerns involve public health priority setting, public resources, and public accountability, I considered it appropriate to raise them through the public Advisory Board process, while also welcoming the further discussion your May 26 letter now invites.

Before turning to its substance, I want to clarify the status of your May 26 letter. It is written “on behalf of” the CSCB and signed by you as Chair. The public agenda posted in advance of the May 27, 2026 Full Body meeting included “Response to Medical Director’s Memo,” but did not include the text of your letter or a proposed vote on its approval.<sup>1</sup> I was present at that meeting, and I did not observe the Full Body being formally asked to review, amend, or vote to approve the final text. In the absence of bylaws, documented quorum requirements, or a clearly identified procedure for voting by the Full Body, it is not clear that formal authorization of your letter in the form of a binding motion could have been accomplished even if a vote had been attempted. If the text of your letter was approved in advance by some other authorized process, please provide the agenda, minutes, draft text, vote record, and authority under which that approval occurred. Absent such documentation, I will understand your May 26 letter merely as your response in your capacity as Chair, rather than as an adopted position of the CSCB membership. This matter illustrates the broader governance concerns identified below: when a body lacks bylaws, quorum rules, voting procedures, and clear lines of authority, it becomes difficult for the Health Department, the Advisory Board of Health, or the public to know when CSCB is speaking as a body, when its Chair is speaking in her individual capacity, or when CMH’s Chief Executive Officer (CEO) is acting through the CSCB structure.



Elizabeth King, RN, BSN  
Director/Health Officer

Greg Brown, BS  
Administrator

Remington Nevin, MD, MPH, DrPH  
Medical Director

Your letter states that CSCB “does not direct, govern, supervise, or control” the Health Department, the Advisory Board of Health, the CHNA process, or the CHIP process, and that CSCB has never claimed statutory authority over any governmental body or department. That clarification is appreciated. It does not, however, answer the concern raised in my May 13 memorandum. The concern was not that CSCB possesses formal statutory command authority over the Health Department. The concern was that, under the contracted CHNA/CHIP model, CSCB and CMH-affiliated participants have functioned in practical effect as the principal priority setting venue before recommendations reached the Advisory Board of Health. Formal legal control and practical institutional influence are distinct. My May 13 memorandum addressed the latter.

The same distinction applies to your description of CSCB as a voluntary collaborative. Voluntary participation does not resolve the governance issue. The current CSCB Memorandum of Understanding (MOU) provides for membership through nomination and dues, requires member organizations, including the Health Department, to abide by CSCB operational guidelines, and assigns dispute resolution to an Executive Committee chaired by the CMH CEO. The MOU also provides that CSCB’s chair and staff will meet individually with any new agency, organization, or citizen member before participation to orient them to CSCB’s purpose, structure, and member responsibilities.<sup>2</sup> In practice, membership is therefore not merely open participation in an informal network; it is conditioned on nomination, dues, MOU compliance, and an individualized orientation process administered by CMH leadership. The same MOU states that CSCB “does not fall under the Michigan Freedom of Information Act (FOIA) and Open Meetings Act (OMA),” and CSCB’s 2021 Annual Report similarly stated that legal counsel had determined that, because CSCB is not a legal entity, the Open Meeting Act does not apply.<sup>2</sup> A voluntary association that is chaired, staffed, hosted, and fiscally administered by a public behavioral health authority, while also claiming exemption from OMA and FOIA, presents governance concerns different in kind from an ordinary informal collaborative.

Nor are those concerns answered by characterizing CMH as only the “fiduciary and administrative lead.” The documented structure is more concentrated than that description suggests. CMH’s CEO chairs CSCB; a CMH employee provides CSCB staff support; CMH hosts the body; CMH serves as fiscal agent; dues are paid to CMH accounts; and CMH has covered CSCB operating deficits, including a 2023 operating shortfall of more than \$33,000 and an approximately \$20,000 dues related shortfall in 2025.<sup>3</sup> The CSCB MOU contains no conflict-of-interest provisions, no term limits, no attendance requirements, and no formal reporting obligation to any public body.<sup>4</sup> These are not merely administrative details. They mean that a public agency with its own statutory mission and financial interests holds the principal leadership, staffing, infrastructure, and financial administration roles for a body that has come to play a significant role in county-wide health and human service priority discussions.

That concentration also raises a threshold statutory question not addressed in your letter: whether CMH may devote its own personnel, facilities, administrative infrastructure, accounting systems, and operating subsidies so extensively to the continuing operation of a separate county-wide health and human services collaborative. CMH is a community mental health authority whose statutory purpose is to provide a comprehensive array of mental health services. The Mental Health Code permits interagency arrangements only within the scope of that statutory purpose.<sup>5</sup> The more CSCB describes itself as a broad health and human services coordinating body, rather than as a CMH program or a mental health services function, the more important it becomes to identify the legal basis for CMH’s substantial support of it.

The duration of that dependency further complicates the claim that CSCB is separate and distinct from CMH. CSCB has existed for approximately forty years, yet it appears to have remained substantially dependent on CMH for leadership, staff support, fiscal administration, and operating subsidy throughout that period, without any documented formal rotation of leadership away from CMH or transition to an independently constituted public or nonprofit structure. A collaborative

that remains dependent on one public agency for its chair, staff, accounts, facilities, and deficit funding for four decades is difficult to characterize as practically independent of that agency.

Your letter also states that the CSCB budget is audited annually as part of CMH's financial audit process. That is not the same as an independent CSCB audit or public accounting of CSCB dues, expenditures, fund balances, CMH subsidies, staff costs, or facility support. The issue is not whether CMH itself is audited. CMH is a public body and is subject to public financial accountability. The issue is that CSCB simultaneously claims not to be a legal entity subject to OMA or FOIA while operating financially inside CMH, depending on CMH staff and subsidy, and exercising influence over public resource recommendations. Internal accounting within CMH does not resolve the absence of independent CSCB financial transparency.

Your letter states that the CHNA and CHIP "were initiated and led by the Health Department," and that community organizations participated because they were invited to participate in a community health planning effort. Again, that statement addresses only the formal sponsor of the process. My May 13 memorandum addressed how priorities were generated in practice. The 2023-2027 CHIP identifies a partner roster heavily overlapping with the CSCB/CMH structure, and CSCB's own 2023 Annual Report describes the CHIP as integrated into the CSCB structure, with CHIP updates routinely presented to the CSCB Steering Committee and Full Body and CSCB member agencies playing "pivotal roles" in CHIP implementation.<sup>6</sup> The issue is therefore not whether CSCB authored every sentence of the CHIP. The issue is that the contracted model allowed a CMH-administered stakeholder structure to become the practical locus of priority formation, while the Advisory Board of Health received the resulting product only after the central priority setting work had already occurred.

Your May 26 letter also illustrates a recurring ambiguity in how CSCB describes its own role. When the issue is influence over public health priority setting for the Health Department, your letter emphasizes that individuals participated only as representatives of their separate agencies and not as CSCB representatives. Yet CSCB's annual reports and public materials elsewhere present the same kinds of activities as CSCB accomplishments when doing so demonstrates CSCB's value, community reach, or integration into the CHIP. I do not suggest that this ambiguity is intentional, but it is consequential. CSCB appears to attribute action to individual agencies when institutional influence is questioned, and to CSCB when institutional accomplishment is being described. That flexible attribution makes it difficult for public bodies to determine when CSCB is merely a forum, when it is acting as an organization, and when CMH is acting through CSCB.

The broader point is that collaboration is not the problem. The problem is the concentration of administrative control and public resource support in a structure that lacks ordinary public governance safeguards. CSCB's own documents and public statements present a body that claims exemption from OMA and FOIA; is not listed among the County's official boards and commissions; was never identified as having been constituted by the St. Clair County Board of Commissioners; requires nomination and dues for membership; is chaired, staffed, hosted, and fiscally administered by CMH; lacks conflict-of-interest rules in its MOU; and has no formal reporting obligation to any public body.<sup>2 4 7</sup> Such a collaborative may be useful in other contexts while still being an inappropriate venue for Health Department priority setting.

The history of these collaborative bodies is important to understanding why CSCB's current structure warrants scrutiny. CSCB's original statutory context appears to have roots in Michigan Compiled Laws (MCL) 333.6226, the pre-repeal text of which concerned city, county, or regional coordinating agencies under the Public Health Code's substance abuse framework.<sup>8</sup> That statutory framework was repealed by Public Act 500 of 2012, and CMH staff have acknowledged in public testimony that CSCB now has no particular legal mandate or statutory basis.<sup>3 8</sup> CSCB may continue as a voluntary association, but it should not be treated as though it carries forward statutory coordinating authority that the Legislature repealed more than a decade ago.

Once that state framework lapsed, comparable collaborative bodies across Michigan appear to have taken different paths, and examples show that collaboration can continue under more accountable governance structures. Clinton County's Human Services Coordinating Council was established by formal Board of Commissioners resolution under the authority and control of the county board, with the Health Officer designated as chair under that resolution. St. Joseph County's Human Services Commission was established by the County Commission as the county's single multi-purpose collaborative, identifies the County Commission as fiduciary, and has included Health Officer leadership in its executive structure. These examples demonstrate that effective collaboration is compatible with formal county-level oversight.<sup>9</sup> By contrast, based on publicly available records reviewed, I have not identified another comparable Michigan body that combines the same set of features present here: no formal St. Clair County Board of Commissioners resolution; no appearance on the County's official boards and commissions list; a claimed exemption from OMA and FOIA; membership by nomination and dues; CMH as chair, staff, host, fiscal agent, and deficit funder; and no formal rotation of leadership away from CMH. The St. Clair County CSCB therefore appears to be an outlier because, after the state framework lapsed, its coordinating function remained concentrated within CMH rather than being dissolved, reconstituted by the County through formal resolution or regulation, or placed under a clearer public governance model.

The CMH-administered CSCB structure's resource allocation role has also extended well beyond informal networking. Available records show that CSCB has provided input or recommendations regarding American Rescue Plan Act (ARPA) priorities, opioid settlement priorities, Emergency Solutions Grant (ESG) allocations, and coronavirus disease 2019 (COVID-19)-era relief funding. ESG funding is a federal homelessness assistance funding stream administered through the Michigan State Housing Development Authority (MSHDA), and local planning body recommendations can materially affect which organizations receive funds for emergency shelter, outreach, rapid rehousing, and related services. Records reviewed in connection with these governance concerns describe CSCB involvement in prioritization, recommendation, or discussion processes connected to public funding streams that, in aggregate, exceeded \$50 million, including \$30.9 million in county ARPA funds, \$12.4 million in opioid settlement funds, annual ESG allocations exceeding \$200,000, and approximately \$6.4 million in funds identified by CSCB as "COVID Emergency Relief Aid (CERA)."<sup>10</sup> CSCB's September 2023 Full Body minutes document review of ESG allocation recommendations, including the allocation percentages and dollar amounts set out in those minutes.<sup>11</sup> If a body substantially shapes recommendations involving public resources, then governance, transparency, and conflict-of-interest safeguards are not peripheral concerns.

CSCB's governance structure also does not reflect county-wide jurisdictional representation. The City of Port Huron is the only municipality with a seat on the Steering Committee. No other city, village, or township in St. Clair County has comparable representation on the committee that steers CSCB's county-wide activity.<sup>12</sup> That structure may be adequate for a private collaborative. It is much harder to justify when the body influences county-wide public health priorities or public resource recommendations.

The CSCB structure has also engaged in advocacy related activity. CSCB Steering Committee minutes document legislative advocacy activity, including an advocacy link added to the CSCB website, a CMH-hosted Legislative Town Hall, and example advocacy letters prepared for distribution to CSCB Full Body members.<sup>13</sup> Advocacy may be permissible for an organization operating within appropriate legal boundaries, but it reinforces the concern that CSCB is not merely a neutral communication forum. It functions at times as a policy advocacy forum operating under CMH leadership while claiming exemption from the transparency requirements that would apply to public bodies.

Finally, your May 26 letter's assertion that CSCB remains committed to transparency is difficult to reconcile with CSCB's own formal position that it does not fall under FOIA or OMA. Transparency is not fully satisfied by voluntary dissemination of selected annual reports or selected meeting

materials. For a body exercising influence over public priorities and public resource recommendations, transparency means public notice, public agendas, public minutes, financial disclosure, conflict-of-interest safeguards, and accountability to a public governing body.

There may be common ground on this point. CSCB's own September 2025 Full Body minutes included, in a staff presentation on proposed changes to the Prepaid Inpatient Health Plan (PIHP) system, the observation that private or large nonprofit insurers assuming PIHP functions "may not be subject to the same open meetings, FOIA, local oversight standards as public PIHPs," and that such a change could result in "reduced transparency and public accountability" concerns.<sup>14</sup> That concern is well taken. The same principle should apply here. From my perspective as Medical Director, a county-wide coordinating body would better serve my policy advisory role and the Department's public priority setting process if its recommendations were developed through a structure that is transparent, accountable, and free from unresolved governance concerns. Any reformed structure should preserve and strengthen the valuable contributions of private and nonprofit partners while ensuring that public priority setting and public resource recommendations occur under transparent, accountable public governance. A constructive path forward may therefore be to ask whether CSCB would support, or whether it would be appropriate for the County to consider creating, a structure that preserves collaboration while bringing the coordinating function within OMA, FOIA, conflict-of-interest, financial disclosure, and public oversight requirements.

For these reasons, I welcome the conversation your letter invites. To make that discussion useful, I recommend that it be structured around the actual governance questions now presented, including:

1. Whether the full text of your May 26 letter was authorized by vote of the CSCB Steering Committee, Executive Committee, or Full Body prior to sending.
2. CSCB's current legal status and the basis for its assertion that OMA and FOIA do not apply.
3. The process by which the CSCB Chair, Steering Committee, and Executive Committee are selected, including why CMH leadership has retained the chair role over the life of the body and whether any rotation, succession, or non-CMH leadership mechanism exists.
4. CMH's role in staffing, hosting, financing, subsidizing, and administering CSCB, including whether this arrangement has been explicitly reviewed or approved by the CMH Board or any other publicly accountable body.
5. The statutory basis, if any, for CMH's use of personnel, facilities, accounting systems, and operating subsidies to operate CSCB as a broad health and human services collaborative.
6. The handling of dues, deficits, CMH subsidies, staff costs, fund balances, and audit treatment.
7. Any conflict-of-interest safeguards applicable to CSCB recommendations or actions, with particular attention to the role of public bodies represented in, funding, staffing, or administering the CSCB structure.
8. Whether, if CSCB or any successor county-wide health and human services coordinating body is to provide recommendations to the Health Department or to me in my policy role as Medical Director, it should be formally constituted by Board of Commissioners resolution or Health Department regulation, operate under public accountability requirements, and include appropriate public health leadership and jurisdictional representation.
9. Whether such a publicly constituted coordinating structure could preserve the participation and recommendations of private and nonprofit partners without requiring them to pay dues into a CMH-administered body as a condition of membership or participation.

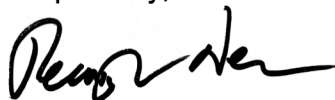
Because the matters discussed in this letter concern CMH's administrative, fiscal, staffing, and governance role in CSCB, including questions of CMH Board authorization and oversight, I respectfully request that this correspondence be provided to the St. Clair County Community

Mental Health Board for its awareness and consideration. Because your May 26 letter was written “on behalf of” CSCB, and because this response addresses the authority, governance, and role of CSCB as a body, I also request that this correspondence be provided to the full CSCB membership.

The Advisory Board of Health has already endorsed, by formal vote, the core process change I recommended in my May 13 memorandum: that the Department not commission a contracted CHNA or CHIP for the next cycle, and that future priority setting proceed through internal formulation by the Medical Director and Health Officer, with deliberation and concurrence by the Advisory Board in open session.<sup>15</sup> That endorsement is consistent with the Advisory Board’s bylaws, which delegate to the Board the responsibility to “recommend policy for the St. Clair County Health Department” and to identify and recommend “priorities of public health problems for community action.”<sup>16</sup> In my view, and consistent with that endorsement, future Department priority setting should proceed under that public governance structure, informed by community input, without delegating priority formation to any outside body lacking appropriate public accountability.

That approach is also consistent with the Advisory Board’s recommendation that I attend future CSCB and CSCB subgroup meetings so that participating groups may communicate directly with me and through me to the Board.<sup>15</sup> My attendance at these meetings, however, should not be understood as an indication that I will adopt, endorse, or be bound by recommendations of CSCB, its Steering Committee, its subcommittees, or its member agencies. Input received in those settings will be considered as one source of community and agency perspective for purposes of my policy recommendations. The more clearly the governance concerns identified here are addressed, the more useful CSCB’s recommendations can be to me in my policy role as Medical Director, including in carrying out my regulatory responsibility to advise on matters requiring public health specialty judgment.<sup>17</sup>

Respectfully,



Remington Nevin, MD, MPH, DrPH  
Medical Director, St. Clair County Health Department

CC: Liz King, Health Officer, St. Clair County Health Department  
Monica Standel, Chair, St. Clair County Advisory Board of Health  
Thomas Hull, Administrator/Controller, St. Clair County  
Lisa Beedon, Chair, Human Services Committee, St. Clair County Board of Commissioners

1. St. Clair County Community Services Coordinating Body, May 27, 2026 Full Body agenda, posted before the meeting, listing “Response to Medical Director’s Memo” but not including the text of your letter or a proposed vote on its approval, <https://cscbinfo.org/wp-content/uploads/2026/05/May-2026-Agenda.pdf>.
2. St. Clair County Community Services Coordinating Body, Memorandum of Understanding, 2026; St. Clair County Community Services Coordinating Body, 2021 Annual Report, 2022, <https://cscbinfo.org/wp-content/uploads/2022/02/2021-CSCB-Annual-Report.pdf>.
3. St. Clair County Board of Commissioners meeting recording, April 2, 2026, including discussion of CSCB’s continuation after state funding ended and adoption of tiered dues (17:32-17:44), membership and funds not coming to CMH (28:34-28:55), CMH’s statement, “We are not the CSCB. We are a member” (29:59-30:15), CSCB’s \$72,000 budget (30:15-30:19), relationship between CMH and CSCB (32:39-33:01), repeal of prior public health code statutes and statement that there is “no longer any particular legal mandate or statutory basis” for CSCB (34:09-34:29), \$72,400 CSCB budget (35:54), endorsement letters for member proposals (36:35-36:41), lack of a specific conflict-of-interest provision (37:49-37:54), lack of term limits or attendance requirements (38:11-38:16), and no formal reporting obligation to a public body (38:21-38:33), <https://www.youtube.com/watch?v=Wr8mKCqenfM>. CSCB’s March 20, 2024 Full Body minutes state that 2023 membership collections totaled \$58,750, expenses totaled \$92,399.37, “the majority of the expenses for the CSCB are staffing issues,” and “CMH will pick up the overage of 33,124.37,” reflecting expenses exceeding membership collections by more than \$33,000, <https://cscbinfo.org/wp-content/uploads/2025/01/Full-Body->

Minutes-3-20-24.pdf. CSCB's January 15, 2025 Full Body minutes state that CSCB had lost four "green members," resulting in an approximately \$20,000 loss, and that "[i]n previous years, CMH has covered this shortfall and will do so again this year," <https://cscbinfo.org/wp-content/uploads/2026/01/Full-Body-Minutes-January-2025.pdf>.

4. St. Clair County Community Services Coordinating Body, Memorandum of Understanding, 2026.
5. Michigan Mental Health Code, MCL 330.1205, 330.1206, and 330.1226(2)(f), defining community mental health authorities and permitting interagency agreements only where activities are consistent with the statutory purpose of providing mental health services.
6. 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>.
7. St. Clair County, Michigan, Boards & Commissions List, <https://www.stclaircounty.org/Offices/641>.
8. Michigan Public Health Code, former MCL 333.6226, concerning city, county, or regional coordinating agencies under the Public Health Code's substance-abuse framework; Public Act 500 of 2012, which repealed MCL 333.6226 and related sections, <https://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0500.pdf>.
9. Clinton County Board of Commissioners, Resolution No. 1995-16, "Clinton County Human Services Coordinating Council Resolution," adopted September 26, 1995, establishing the Council "under the authority and control of the Clinton County Board of Commissioners" and designating the Health Officer/Director of the Mid-Michigan District Health Department, or designee, as Chairperson, <https://www.clinton-county.org/ArchiveCenter/ViewFile/Item/1687>; St. Joseph County Human Services Commission, 2022 Annual Report, stating that the HSC was established by the St. Joseph County Commission in 1995 as the single multi-purpose collaborative, identifying the St. Joseph County Commission as fiduciary, and listing Rebecca Burns, Health Officer, BHSJ Community Health Agency, as Past Chair, <https://sjchumanservices.com/wp-content/uploads/2023/07/FINAL-2022-Annual-Report-for-internet.pdf>.
10. St. Clair County Community Services Coordinating Body, 2022 Annual Report, February 2023, documenting ARPA prioritization and identifying "COVID Emergency Relief Aid (CERA): \$6,399,718," [https://cscbinfo.org/wp-content/uploads/2023/02/2022-CSCB-Annual-Report\\_Single-Page-Spread.pdf](https://cscbinfo.org/wp-content/uploads/2023/02/2022-CSCB-Annual-Report_Single-Page-Spread.pdf); 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>; St. Clair County Community Services Coordinating Body, 2020 Annual Report, 2022, <https://cscbinfo.org/wp-content/uploads/2022/02/2020-CSCB-Annual-Report.pdf>.
11. St. Clair County Community Services Coordinating Body, Full Body Meeting Minutes, September 20, 2023, <https://cscbinfo.org/wp-content/uploads/2025/01/Full-Body-Minutes-9-20-23.pdf>.
12. 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>.
13. St. Clair County Community Services Coordinating Body, Steering Committee Meeting Minutes, June 26, 2025, <https://cscbinfo.org/wp-content/uploads/2026/03/June-Minutes.pdf>; St. Clair County Community Services Coordinating Body, Steering Committee Meeting Minutes, August 28, 2025, <https://cscbinfo.org/wp-content/uploads/2026/03/August-Minutes.pdf>.
14. St. Clair County Community Services Coordinating Body, Full Body Meeting Minutes, September 17, 2025, including, in a staff presentation on proposed PIHP changes, the observation that private or large nonprofit insurers assuming PIHP functions "may not be subject to the same open-meetings, FOIA, local oversight standards as public PIHPs," and that such a change could result in "reduced transparency and public accountability" concerns, <https://cscbinfo.org/wp-content/uploads/2026/01/Full-Body-Minutes-September-2025.pdf>.
15. St. Clair County Advisory Board of Health meeting recording, May 20, 2026, including discussion of my May 13, 2026 memorandum titled "Proposed Reform of the CHNA and CHIP Process" (1:03:55), motion not to commission a CHNA or CHIP with an outside agency and to proceed through internal discussions for hybrid models to obtain needed public health priorities (2:00:48-2:02:13), passage of the amended motion (2:02:58-2:03:05), later discussion of a separate motion recommending that the Medical Director attend future CSCB meetings, CSCB subgroups, and remaining CHIP meetings so participating groups could communicate directly with the Medical Director and through the Medical Director to the Board (2:04:49-2:06:15), and passage of that motion (2:06:40), <https://www.youtube.com/watch?v=Md5rntmpKf8>; St. Clair County Advisory Board of Health meeting agenda, May 20, 2026, listing "20260513 Memorandum - Proposed Reform of the CHNA and CHIP Process" under the Medical Director update, <https://stclaircounty.org/PageBuilder/scchd/Uploads/May%20agenda%20-%20Copy%201.pdf>.
16. St. Clair County Advisory Board of Health By-Laws, Article II, stating that the Advisory Board is delegated authority "to recommend policy for the St. Clair County Health Department" and that its specific duties include "identifying and recommending priorities of public health problems for community action," <https://stclaircounty.org/PageBuilder/scchd/Content/PdfFiles/bylaws-rev-July-2025.pdf>.
17. See Michigan Administrative Rule R 325.13001; see also my May 13, 2026 memorandum, "Proposed Reform of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) Process," discussing the Medical Director's role in formulating public health priorities for Advisory Board review.