

GREATER DETROIT AREA HEALTH COUNCIL

## Southeast Michigan Alliance for Addiction-Free Communities (SEMAAC)

The Greater Detroit Area Health Council (GDAH C) founded the Southeast Michigan Alliance for Addiction-Free Communities (SEMAAC) task force in 2017. As a response to the ongoing opioid epidemic's impact on southeast Michigan, SEMAAC was formed to bring together a broad coalition of healthcare, government, business, and nonprofit organizations to fight substance use disorder by breaking down silos between communities, creating opportunities to collaborate on meaningful programs that address barriers and access to care.

### **Who is SEMAAC?**

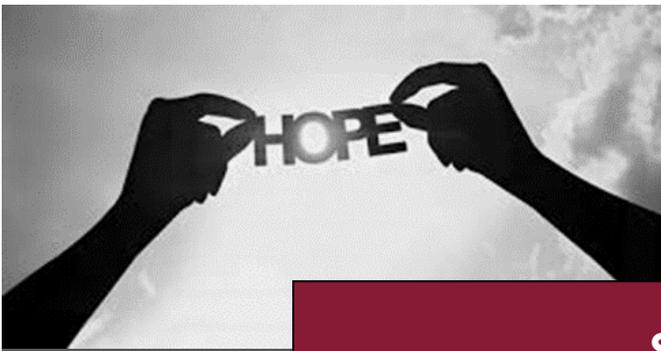
SEMAAC is an inclusive taskforce representing the diverse and distinct voices of organizations who are working to address prevention and treatment of substance use disorder in southeastern Michigan. The SEMAAC table consists of representatives from county-level health departments; area hospital systems and health plans; community-level organizations; local and national employers and nonprofits; and other community stakeholders. In accordance with our Mission, GDAH C continues to build the coalition and serve as the backbone organization by developing strategic partnerships to broaden our reach within the community.

### **What does SEMAAC do?**

SEMAAC strives to coordinate with community resources providing awareness and opportunities to collaborate on unique solutions to help in the fight against substance use disorder. This distinctive cross-sector coalition has concentrations in following areas of need:

- **The education team** is conducting employer conversations and providing educational opportunities and guidance to address substance use disorder in the workplace. Through employer and employee outreach, greater impact can be provided to individuals and their families, helping to sustain a positive and healthy workforce, free of stigma, with access to alternatives to care.
- We are addressing **patient barriers** by working with health care providers to enhance and simplify access to treatment through provider education, promoting the use of Screening, Brief Intervention, Referral to Treatment (SBIRT), and streamlining the referral process.
- We are creating resources, tools and educational guides that demonstrate the positive ways to present and discuss substance use disorder and recovery. By **reducing stigma**, recovery becomes hopeful, obtainable, and supported by all communities.
- We are working to mainstream peer recovery services as this will provide broader access to a proven recovery process. In turn, this provider group has the ability to greatly assist with **navigating resources**, supporting individuals through their recovery journey and provide access to a sustainable healthy future.
- **The advocacy team** is striving to keep the SEMAAC team aware of changes to legislation and policies which affect prevention and treatment efforts.

**SEMAAC aims to empower our community by  
providing regional leadership and breaking down silos.**



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## SEMAAC COMMITTEE DETAILS

### Role of Committee Members

To actively participate in meetings and contribute to the knowledge of the team, offering insight and expertise based on their role in the community, and participate on a SEMAAC sub-committee.

**Sub-committees** are divided into five groups:

Education, Patient Barriers, Stigma Reduction, Navigation of Resources, and Advocacy. Each sub-committee has a committee chair(s) to guide their agreed upon initiatives.

### Meeting schedule:

SEMAAC Task Force meets quarterly. Sub-committees meet every 2-4 weeks via video conference call.

### Committee Openings:

There are currently openings on the sub-committees.

### Who are the Current Members?

Mona Abdallah-Hijazi, ACCESS  
Asraa Alhawli, ACCESS  
Ahmad Ballout, ACCESS  
Simone Calvas, Beaumont Health  
Bill Chalmers, Cartessa Recovery Real Estate; Board Chair of Sacred Heart Rehabilitation Center  
Dara Cockrum, Orexo\*\*  
Glenn Cornish, Alkermes  
**Linda Davis, Families Against Narcotics\***  
Dr. Grenae Dudley, The Youth Connection\*\*  
Adaora Ezike, Detroit Health Department  
Nicki Gabel, Greater Detroit Area Health Council \*\*\*  
Andrea Gerard, Families Against Narcotics\*\*  
Damon Gorelick, Detroit East Medical Control Authority (DEMCA)  
Leigh Ann Halas, Drug Enforcement Administration  
Reema Hammoud, Sedgwick CMS\*\*  
Audrey Hazelbaker, Michigan Opioid Collaborative (MOC)  
Helen Klingert, Macomb County Community Mental Health  
Kate Kohn-Parrott, Greater Detroit Area Health Council \*\*\*  
George Long, Patient First Medical Clinic  
Sinziana Luchian, Detroit Regional Chamber  
Scott Masi, Foundations Recovery Network  
Crystal Mosby, Oakland Community Health Network  
Janelle Murray, Michigan Primary Care Association\*\*  
Darlene Owens, Detroit Wayne Integrated Health Network  
Roger Panella, Greater Detroit Area Health Council \*\*\*  
Annette Perrino, Macomb County Health Department  
Vanita Pindolia, Henry Ford Hospitals/HAP  
Kat Polmear, Oakland County Health Department  
Adam Rondeau, Alkermes  
Jason Schwartz, St. Mary Mercy Livonia  
Brian Spitsbergen, Wellspring Lutheran Services\*\*  
Dr. Eric Stier, Delta Dental  
Susan Styf, Care of Southeastern Michigan  
Monica Walker, Michigan OPEN\*\*  
Karen Wood, MyCare Health Center

\* **Taskforce Committee Chair**

\*\* Sub-Committee Chair

\*\*\* GDAH C Staff