

**SUBSTANCE ABUSE PREVENTION SERVICES**

**Lenawee**

**Livingston**

**Monroe**

**Washtenaw**

#  FY 2021 – DYTUR Requirements

The following guidelines for the required FY21 Designated Youth Tobacco Use Representative (DYTUR) activities are based on the most recent information from the Michigan Dept. of Health and Human Services (MDHHS) Office of Recovery Oriented System of Care (OROSC) and the Community Mental Health Partnership of Southeast Michigan’s (CMHPSM) contractual requirements with DYTUR service providers. The activities, dates, and numbers below may be subject to change and any changes will be communicated to DYTURs as soon as possible.

Questions and concerns may be directed to Michaela Buckhannon, CMHPSM SUD Coordinator at buckhannonm@cmhpsm.org or 734-787-1759

## **CMHPSM (Region 6) – Retailer Violation Rate**

***Impact on Substance Use Disorder funding***

DYTUR efforts are significant as their outcomes are directly related to the amount of funding received by the State of Michigan for Substance Use Disorder efforts. In fact, the State may be penalized **up to 40%** of the Federal Substance Abuse Prevention and Treatment Block Grant Award for non-compliance. This means that Region 6 must work to maintain its Regional Synar *Retailer Violation Rate* (RVR), or the number of Retailers attempting to sell to minors during a Synar Compliance Check, below the allowable violation threshold of 20%.

FY21 DYTUR Required Activities & Reports

## **Master Retail List**

CMHPSM will distribute the *Master Retail List* (MRL) to DYTURs for cleaning, as well as updated cleaning instructions, after it’s received from MDHHS OROSC (tentatively January 20201). Ensure that the MRL is cleaned in accordance with the State’s specific instructions. Please note that the FY21 MRL will now also require all Electronic Nicotine Device Retailers within the region. Please see *Report Requirements and Due Dates* for specific CMHPSM due date.

## **Vendor Education Requirements**

Though Region 6 has achieved RVRs well below the allowable 20% RVR threshold over the last few consecutive years, CMHPSM is still requiring that **50%** of all tobacco/ENDs retailers in each county receive a *Vendor Education Visit* in an effort to maintain a low regional RVR. **Due to COVID-19, if Non-Synar Checks cannot be completed as required, the CMHPSM will require that 100% of tobacco/ENDs retailers in each county receive a Vendor Education Visit (virtual or face-to-face).**

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| **County** | **# of Tobacco/ENDS Retailers****(FY20 MRL)** | **Total Minimum Required # of Tobacco/ENDs Retailer Vendor Ed Visits** | **Vendor Ed Timeframe** |
| Lenawee | 92 | 46 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Monroe | 116 | 58 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Livingston | 109 | 55 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Washtenaw | 208 | 104 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |

Please maintain an accurate record of all retailers that receive a Vendor Education Visit in your county.

OROSC will ship Vendor Education Packets to DYTURs once they’re printed in early 2021; please do not wait for Packets to begin Vendor Education. Vendor Education materials may also be accessed and printed off via the MDHHS website at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_4871\_29888\_48562-150144--,00.html](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2941_4871_29888_48562-150144--%2C00.html). Birthdate signs are available at <http://www.hpclearinghouse.org/preframestart.htm>

## ***Non-Synar* Compliance Checks Requirements**

CMHPSM requires that Non-Synar Compliance Checks be conducted on at least **25%** of the overall tobacco retailers in the four-county region with the assistance of law-enforcement. **Due to COVID-19, if Non-Synar Checks cannot be completed as required, the CMHPSM will require that 100% of tobacco/ENDs retailers in each county receive a Vendor Education Visit (virtual or face-to-face).**

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| **County** | **# of** **Tobacco/ENDs Retailers** **(FY20 MRL)** | **\*Minimum Required # of Non-Synar Compliance Checks** | **Timeframe** |
| Lenawee | 92 | 23 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Monroe | 116 | 29 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Livingston | 109 | 28 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |
| Washtenaw | 208 | 52 | Any time prior to Synar Period (June 1-30) except during the Quite period (May 17-31). |

Please be sure to utilize the *MDHHS Synar Compliance Check Protocol* and *Non-Synar Compliance Check Forms* (Synar Compliance Check Forms labeled as “Non-Synar) when conducting Non-Synar Compliance Checks. Maintain an accurate record of all retailers that receive a Non-Synar Compliance Check in your county. CMHPSM will require copies of all completed Non-Synar Compliance Check forms for year-end reporting.

## ***Synar* Compliance Checks Requirements**

Synar Compliance Checks must be conducted during the State-mandated Synar Inspections Period – June 1 – June 30, 2021.

CMHPSM will provide DYTURs with the official retailer labels that have been selected for a Synar Compliance Check once they are received from MDHHS OROSC. DYTURs must utilize the *MDHHS Synar Compliance Check Protocol* and the *Synar Compliance Check Forms* when conducting Synar Compliance Checks. Please be sure to thoroughly review these documents as they have been updated and now include ENDs products.

Synar Compliance Checks results must be reported on the MDHHS OROSC *Compliance Check Reporting (CCR) Excel Spreadsheet.* Please review the *Compliance Check Reporting Excel Spreadsheet Instructions* and the **original** *Compliance Checks Forms* must be mailed to the CMHPSM. Please maintain copies of the forms for your records. Please utilize the following Decoy and Chaperone codes for your county(ies):

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| **County** | **Youth Inspectors** | **Adult Chaperones** |
| Lenawee | PSE 01-10 | PSE 11-20 |
| Livingston | PSE 21-30 | PSE 31-40 |
| Monroe | PSE 41-50 | PSE 51-60 |
| Washtenaw  | PSE 61-70 | PSE 71-80 |

## **Youth Participation Information**

MDHHS OROSC requires that minor decoys participating in Synar and Non-Synar Compliance Checks obtain a Worker’s Permit and be covered by workers’ compensation. Parents/guardians cannot waive these rights. In addition, if employing students, your agency must comply with the Youth Employment Act and the Synar Protocol relative to inspections and the use of chaperones.

**MDHHS OROSC expects that safeguards for youth decoys will be put in place by providers to address safety and parental concerns related to COVID-19. Please utilize the OROSC Synar Guidelines document and consult with CMHPSM regarding developing safeguards, acquiring personal protective equipment, or recruiting decoys, as needed.**

More information can be found at: <https://www.michigan.gov/documents/mde/Youth_Employment_Packet_383330_7.pdf>

Workers Compensation rules regarding the Youth Employment Standard can be found at: [http://www.legislature.mi.gov/(S(3wzjzayqki5tfh3n14n43oct))/mileg.aspx?page=getObject&objectName=mcl-418-815](http://www.legislature.mi.gov/%28S%283wzjzayqki5tfh3n14n43oct%29%29/mileg.aspx?page=getObject&objectName=mcl-418-815) .

Protocols may be found at:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_4871\_29888\_48562-150144--,00.html](http://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2941_4871_29888_48562-150144--%2C00.html).

A sample *Youth Tobacco Act Compliance Decoy Application Form is* attached on Page 6 and may be modified by your agency as needed.

Additionally, youth decoys should not be paired with an adult chaperone that is also their parent.

An even ratio of male to female youth decoys should be utilized for Synar checks. If it’s not possible to achieve an even ratio of male to female youth decoys in each individual county, please be sure that the there is an even ratio of male to female youth decoys utilized in aggregate across the region.

## **Youth Access to Tobacco Activity Annual Report**

The *Youth Access to Tobacco Activity Annual Report* form will be sent to DYTURs once it is released from MDHHS OROSC. See *Report Requirements and Due Dates* for specific submission requirements.

May also be found at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_4871\_29888\_48562-150144--,00.html](https://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2941_4871_29888_48562-150144--%2C00.html)

## **DYTUR Program Brief**

In addition to the mandated reports, the CMHPSM is now requiring the submission of a *Program Brief* that will highlight the DYTUR tobacco prevention efforts conducted in FY21. The Program Brief is also an opportunity to share any special campaigns, events, activities, etc. that have been used to enhance the DYTUR efforts. Program Brief requirements will be sent to DYTURs near the end of the fiscal year. See *Report Requirements and Due Dates* for Program Brief due date.

## **Report Requirements and Due Dates**

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| **Report** | **Due Date** | **Submission Method** |
| Cleaned Master Retailer List (MRL) | February 25th, 2021\*(March 5th , 2021 to OROSC from PIHP) | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| Synar Compliance Check Reporting (CCR) Excel Spreadsheet | July 7, 2021\*(July 15, 2021 to OROSC from PIHP)  | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| **Original** Synar Compliance Check Forms (keep copies for your records) | Must arrive to CMHPSM by July 7, 2021\*(July 15, 2021 to OROSC from PIHP) | Deliver or Mail to Michaela Buckhannon Attn:  CMHPSM 3005 Boardwalk Suite 200 Ann Arbor, MI 48108 |
| Youth Access to Tobacco Activity Annual Report | October 15, 2021 | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| Non-Synar Compliance Checks Reporting (CCR) Excel Spreadsheet | October 15, 2021 | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| Record of FY21 Vendor Education Visits | October 15, 2021 | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| Copies of Non-Synar Compliance Checks Forms | October 15, 2021 | Scan and Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |
| DYTUR Program Brief | November 15, 2021 | Email to Michaela Buckhannon buckhannonm@cmhpsm.org  |

## **Resources**

MDHHS OROSC-mandated reporting forms and procedure protocols can be accessed via the MDHHS Youth Access to Tobacco and Synar Info website at:

[http://www.michigan.gov/mdhhs/0,5885,7-339-71550\_2941\_4871\_29888\_48562-150144--,00.html](http://www.michigan.gov/mdhhs/0%2C5885%2C7-339-71550_2941_4871_29888_48562-150144--%2C00.html)

Retailer Birthdate Signs and Youth Tobacco Signs in English, Spanish, and Arabic are available on the MDHHS Healthy Michigan website:

<http://www.hpclearinghouse.org/preframestart.htm>

Improving MI Practice - Tobacco Retailer Training Program

https://www.improvingmipractices.org/focus-areas/courses/substance-use-disorder/tobacco-retailer-training-program

**Youth Tobacco Act Compliance Decoy Application Form**

I (print name of parent/guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby consent to my minor child (print full name of minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participating as a youth decoy, during Youth Tobacco Compliance Checks. I have reviewed the relevant materials and information provided by <INSERT PROVIDER>. I understand that he/she will be required to complete documentation and other programmatic requirements related to his/her observations while participating. I understand the Youth Tobacco Act (Section 722.642, Section 2; Sub-section 3 <http://legislature.mi.gov/doc.aspx?mcl-722-642>) exempts both adult and youths participating in the Synar Compliance Check program from penalty. I further agree and grant permission for my child to receive medical treatment if necessary and understand that he or she will be taken to an area hospital for emergency medical service if required.

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| Emergency Contact Name | Emergency Contact Relationship: | Emergency Contact Phone #1: | Emergency Contact Phone #2 |
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| Please list any medical conditions or allergies of the minor we should be aware of: |

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_