



Lenawee
Livingston
Monroe
Washtenaw

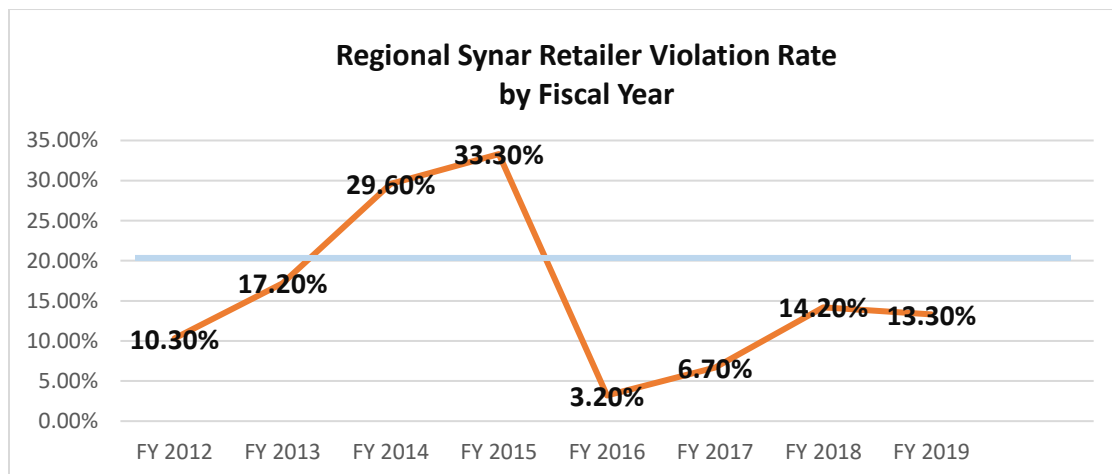
SUBSTANCE ABUSE PREVENTION SERVICES

FY 2020 – DYTUR Requirements

The following guidelines for the required FY20 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 Katie Postmus, CMHPSM SUD Prevention Coordinator, at postmusk@cmhpsm.org or 734-222-3833.

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%.

FY20 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 December 2019). Ensure that the MRL is cleaned in accordance with the State's specific instructions. Please note that the FY20 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.

*Because it is unclear how many ENDs-specific retailers are currently in our Region until the Master Retail List is developed/cleaned, the CMHPSM requests that DYTURs prioritize retailers that sell both tobacco and ENDs, as well as new retailers/ENDs-specific retailers that have never received a Vendor Education Visit.

County	# of Tobacco/ENDS Retailers (FY19 MRL)	Total <u>Minimum</u> Required # of Tobacco/ENDs Retailer Vendor Ed Visits	Vendor Ed Timeframe
Lenawee	94	47	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Monroe	127	64	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Livingston	122	61	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Washtenaw	230	115	Anytime prior to Synar Period except 5/18/19 – 6/30/19

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 2020; 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. 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.

*Because it is unclear how many ENDs-specific retailers are currently in our Region until the Master Retail List is developed/cleaned, the CMHPSM requests that DYTURs prioritize retailers that sell both tobacco and ENDs, as well as new retailers/ENDs-specific retailers that have never received a compliance check, and retailers that have failed past compliance checks.

County	# of Tobacco/ENDs Retailers (FY19 MRL)	*Minimum Required # of Non-Synar Compliance Checks	Timeframe
Lenawee	94	24	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Monroe	127	32	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Livingston	122	31	Anytime prior to Synar Period except 5/18/19 – 6/30/19
Washtenaw	230	58	Anytime prior to Synar Period except 5/18/19 – 6/30/19

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 – 30, 2020.

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):

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.

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/(S(3wzjzayqki5tfh3n14n43oct))/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.

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 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.

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 FY20. 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

Report	Due Date	Submission Method
Cleaned Master Retailer List (MRL)	2/21/2020	Email to postmusk@cmhpsm.org
Synar Compliance Check Reporting (CCR) Excel Spreadsheet	7/8/2020	Email to postmusk@cmhpsm.org
Original Synar Compliance Check Forms (keep copies for your records)	Must arrive to CMHPSM by 7/8/2020	Deliver or Mail to: Attn: Katie Postmus CMHPSM Address TBD
Youth Access to Tobacco Activity Annual Report	October 15, 2020	Email to postmusk@cmhpsm.org
Non-Synar Compliance Checks Reporting (CCR) Excel Spreadsheet	October 15, 2020	Email to postmusk@cmhpsm.org
Record of FY20 Vendor Education Visits	October 15, 2020	Email to postmusk@cmhpsm.org
Copies of Non-Synar Compliance Checks Forms	October 15, 2020	Scan and email to postmusk@cmhpsm.org
DYTUR Program Brief	November 15, 2020	Email to postmusk@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

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>

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.

Emergency Contact Name	Emergency Contact Relationship:	Emergency Contact Phone #1:	Emergency Contact Phone #2

Please list any medical conditions or allergies of the minor we should be aware of:

Parent/Guardian Signature: _____ Date: _____