**Appendix 3 – Community Environmental Scan** (not scored) [Applicant Coalition Name:      **]**

1. Which of the following groups does your coalition serve in the community?

Youth (12-17)

Young Adults (18-24)

Adults (25-64)

Older Adults (65 or older)

1. How many members of your coalition have completed Substance Abuse Prevention Skills Training (SAPST)?

1. Please provide the following information for each school district within your county (use the additional sheet that is provided at the end of the document if necessary):

|  |  |  |  |
| --- | --- | --- | --- |
| School District | Does this school district conduct a student AODA survey? | If yes, which survey (OYRBS, Pride, etc.) | How often is the survey conducted? |
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1. Please list any two- or four-year campuses that are located within your county:

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| --- | --- |
| Name of two- or four-year campus | Approximate number of students |
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1. Please provide the following information for each law enforcement agency within your county (use the additional sheet that is provided at the end of the document if necessary):

|  |  |  |
| --- | --- | --- |
| Law Enforcement Agency | Number of law enforcement officers in this agency | Is there a permanent prescription drug drop box at this location? |
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1. Other than the drop boxes located at the law enforcement agencies listed above, are there other drop boxes in your county?

No

Yes

If yes, where are they located?

1. Does your community hold prescription drug take-back events?

No

Yes

If yes, please describe:

1. How are prescription drugs collected in your county disposed of after collection?

1. Please provide the following information about the businesses in your target area:

|  |  |
| --- | --- |
| Number of hospitals or clinics where prescribers conduct business |  |
| Number of pharmacies |  |
| Number of realtors |  |

Continued Question 3. Please provide the following information for each school district within your county (add an additional sheet if necessary – this is provided at the end of this document):

|  |  |  |  |
| --- | --- | --- | --- |
| School District | Does this school district conduct a student AODA survey? | If yes, which survey (OYRBS, Pride, etc.) | How often is the survey conducted? |
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Continued Question 5. Please provide the following information for each law enforcement agency within your county (use the additional sheet that is provided at the end of the document if necessary):

|  |  |  |
| --- | --- | --- |
| Law Enforcement Agency | Number of law enforcement officers in this agency | Is there a permanent prescription drug drop box at this location? |
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