



TEMPE
Community
Council

Prioritization Summit
August 22, 2025

Tempe Community Council 2025 Prioritization Summit

INTERSECTIONAL INQUIRY

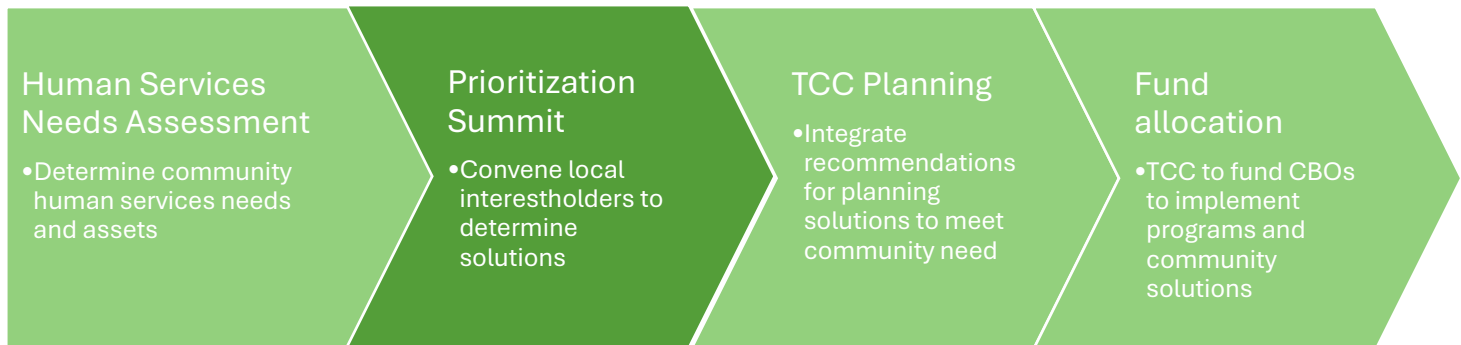


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Executive Summary

During August 2025, Tempe Community Council convened 22 key interest holders including City of Tempe employees from multiple service and administrative divisions, leaders and staff from assorted community based organizations, and city residents for a prioritization summit. The purpose was to explore the Tempe community's recent Human Services Needs Assessment data and to prioritize associated potential solutions.



The process was facilitated by evaluation professionals who led large and small group discussions and applied various technologically-based ranking tools. This report presents the process and findings from the Prioritization Summit and will be used by Tempe Community Council to inform service funding decisions. The solutions in the subsequent Summary Tables received greater than two thirds of individual *and* small group votes.

Executive Summary Table

Solution	Indiv. votes /22	Group votes /6
Flexible housing retention funds and shelter diversion	18	6
Increased immediate family housing and emergency shelter options	16	5
Economic support via rental, mortgage, tax, or utility assistance	16	4
Wraparound coordination for families facing SUD, esp. post-overdose	16	4
Increased number of emergency shelter beds with hygiene stations	14	4
Relapse prevention, sober activities, support groups for youth / adults	14	4
Deep collaborations with common performance metrics	14	5

Introduction

Tempe Community Council (TCC) completed a human services needs assessment in 2025 to determine the greatest human services needs and assets among Tempe residents, and to assess the need for various human services in the city. The assessment showed the primary challenges in Tempe were **housing** needs for the community at large and unhoused persons, financial and **economic** concerns, and poor **mental health**. Secondary challenges **included substance use**, lack of **social connections**, and **food insecurity**. The purpose of the assessment was to inform future decisions about service delivery and allocation of funds for human services.

TCC hired an external consultant, Intersectional Inquiry LLC, to facilitate a prioritization summit for City of Tempe interestholders. Three seasoned facilitators staffed the meeting. During this meeting, 22 key individuals convened to review assessment data and share their opinion on prioritizing solutions to meet the current community needs. Individuals convened included city employees from multiple service and administrative divisions, leaders and staff from community based organizations, and city residents.

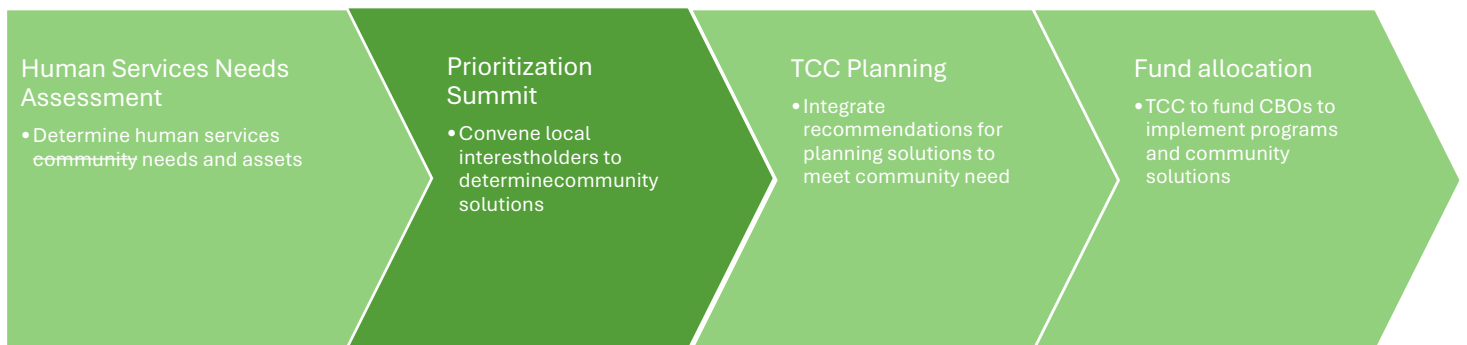


Figure 1. TCC Prioritization Process

Methods

Logistics

The TCC 2025 Prioritization Summit was conducted on a late August afternoon. The agenda was set for four hours, and interestholders met in a room in the Tempe Public Library. The room was well-equipped with technology, including five television screens throughout the room, allowing for uninterrupted viewing of the slides. Participants sat in tables of five persons or fewer. The room was small enough that facilitators did not need to use a microphone to communicate, creating a close-knit, community-centered environment.

Quotes from community assessment participants were printed on large poster board and displayed throughout the room to encourage engagement with primary data during the session breaks. Each table was equipped with several moderately sized, brightly colored post its, as well as smaller ones for creative notetaking during the session. Each table had a couple copies of the agenda and definitions for easy reference during the evaluation portion of the day. The team avoided printing a copy for every participant to save paper.

The Summit Journey

The following agenda was used for the summit:

- I. Welcome, introductions, and orientation to the day - 15 min
- II. Data presentation - 45 min
- III. Short break - 15 min
- IV. Presentation of social determinants of health and associated solutions - 30 min
 - a. Ranking of social determinants of health
- V. Independent prioritization of solutions - 45 min
- VI. Short break - 15 min
- VII. Small group discussion and prioritization of solutions - 45 min
- VIII. Sharing of proposed prioritized solutions - 15 min
- IX. Gratitude and adjournment - 15 min

After a brief delay getting started, the facilitation team was easily able to recover time on the agenda. Adequate time was added to each item on the four-hour agenda so the day was not rushed, and all participants were able to work at their own pace. Ranking and prioritization was conducted via Mentimeter, an electronic voting platform, allowing participants access to the data throughout the day for reference during small group discussions. Full group discussions were guided by constructs rooted in the Appreciative Inquiry approach. Initial feedback from participants was positive upon the day's conclusion.

Outcomes

Interestholder Voices

Social determinants of health

Twenty-two interestholders ranked social determinants of health (SDOH) by order of importance. This measurement was implemented to ensure the subsequently ranked solutions were aligned with interestholders' overall appraisal of which SDOH are most critical in Tempe.

The top three ranked SDOH were **Housing** (which includes affordable housing and services for the unhoused), **Economic support and access** (which includes direct and indirect assistance), and **Access to care** (with an emphasis on mental health). These three SDOH each received 15 participant votes ranking them in the top three; the weighting of votes allowed for the ordered ranking as presented.

Table 1 displays the SDOH ranked by priority, as well as the number of votes placing the SDOH in the top three and the associated weight.

Table 1. Social determinants of health ranked by priority

Rank	Social Determinant of Health	Votes	Weight
1	Housing related services	15	40
2	Economic support and access	15	30
3	Access to care	15	26
4	Healthy affordable food	10	20
5	Social cohesion	3	5
6	Social justice	3	3
7	Quality education	1	2

Individual Priorities

During the self-guided prioritization session, participants selected priorities from a list of potential solutions, organized in groups and subgroups based on the Social Determinants of Health and Wellbeing or SDOH framework. Participants could select two to three priorities, based on the number of options in each cluster. Most participants logged in to the Mentimeter online live data collector via personal devices to complete the individual prioritization task, while a few used the i-Pads provided by TCC. Technical assistance was provided by facilitators, as needed. Some participants completed the task quickly in 15 minutes, while others took a bit longer than the 45 minutes allotted to finish. Most participants ranged between 30 and 35 minutes to complete independent prioritization.

Participants were asked to use the following evaluative criteria in prioritization, preselected by TCC:

- **Progress** - Potential exists to make significant progress on the issue
- **Urgency** - The issue is rapidly increasing in frequency, or measurably over time
- **Most vulnerable** - Addressing this issue will help people in our community who are the most vulnerable or most affected
- **Cooperation** - Addressing the issue is of significant interest to an array of partners and social organizations

Housing Related Services

There were two areas of interest in the housing SDOH, Quality Affordable Housing and Homeless and Unhoused Services. The solution with the highest individual ranking in Quality Affordable Housing was **Flexible Housing Retention Funds and Shelter Diversion** tactics, and in Homeless and Unhoused services the highest ranking solution was **Increased Immediate Family Housing and Shelter Options**. Tables 2 and 3 show individual prioritization data.

Table 2. Quality affordable housing solutions prioritized

Rank	Solution	Votes
1	Flexible housing retention funds and shelter diversion	18
2	Rapid re-housing support coordinators for at-risk households	13
3	Increased affordable housing developments for older adults	10
4	Older adult specific housing opportunities (home sharing, aging in place)	3

Table 3. Homeless and unhoused services solutions prioritized

Rank	Solution	Votes
1	Increased immediate family housing and shelter options	16
2	Increased number of emergency shelter beds	14
3	Case management for clients experiencing homelessness	12
4	Street outreach or mobile engagement teams for the unsheltered	8
5	Increased access to pop-up day centers or hygiene stations	5
	Youth-specific housing navigation or safe sleep programs	
7	Post medical treatment recovery support for people experiencing homelessness	3

Economic Support and Access

The solution with the highest individual ranking in Economic Support and Access was **Economic Support Via Rental, Mortgage, Tax, and Utility assistance**. Table 4 shows individual prioritization data under this SDOH.

Table 4. Economic support and access solutions prioritized

Rank	Solution	Votes
1	Economic support via rental, mortgage, tax, or utility assistance	16
2	Transportation navigation and vouchers (bus passes, gas cards, Lyft)	11
3	Financial literacy or tax prep programs in libraries or CBOs	9
4	Job support and vocational training	8
5	Legal clinics for wage theft, eviction, or immigration support	6
	Workforce development and job training	
7	Microgrants for undocumented or mixed-status family emergencies	5
8	Continuing education support funds	4
9	Small business pop-up support for underrepresented entrepreneurs	1

Access to Care

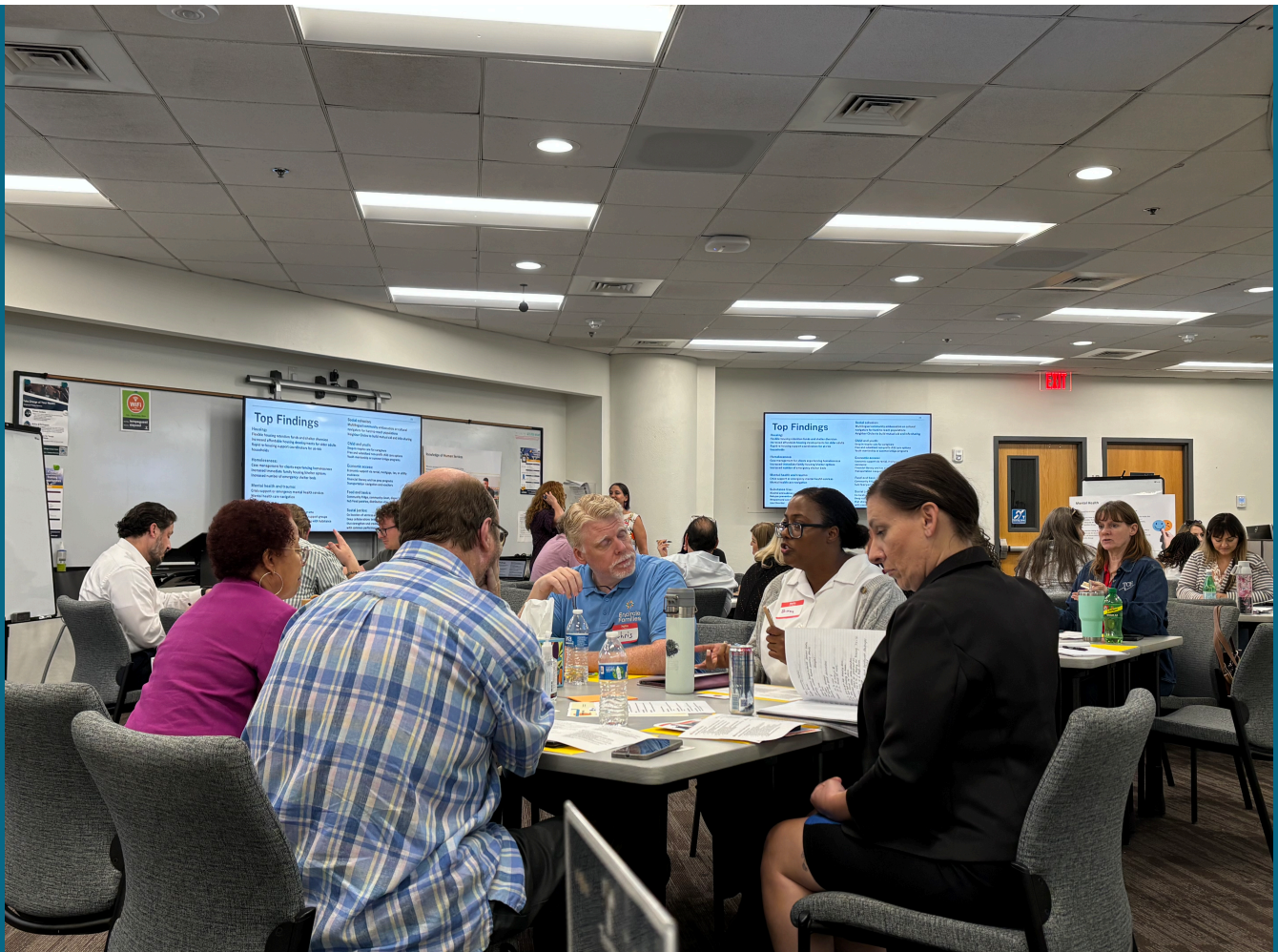
There were two areas of interest in the access to care SDOH, including Mental Health and trauma and Substance Use for Youth and Adults. Two solutions rose to the top during individual ranking in the Mental health and trauma subgroup, including **Mental Health Care Navigation** and **Crisis Support or Emergency Mental Health Services**. Under the Substance use subgroup, the highest rated priorities were **Alcohol and Substance Use Treatment Programs** (including increased access to vouchers) and **Wraparound Coordination for Families Facing Substance Use Disorder**, especially post-overdose. Tables 5 and 6 show individual prioritization data.

Table 5. Mental Health and trauma solutions prioritized

Rank	Solution	Votes
1	Mental health care navigation	13
2	Crisis support or emergency mental health services	12
3	Access to group therapy, online therapy, and medication management	8
	Training for family and community in trauma-informed practices or Mental Health First Aid	
5	Stipends for peer recovery coaches or mental health navigators in trusted community spaces	7
6	Arts, movement, or expressive therapy workshops to build coping skills and connection	5
	Peer-led support groups for trauma, anxiety, or grief (including groups with a BIPOC, LGBTQ+, or disability community focus)	
	Services and support for domestic violence survivors and sexual violence survivors	
9	Suicide prevention, training, and support	3

Table 6. Substance use (youth and adults) solutions prioritized

Rank	Solution	Votes
1	Alcohol and substance use treatment programs (or increased access to vouchers)	17
2	Wraparound coordination for families facing SUD	16
3	Relapse prevention, sober social activities, and support groups for youth and adults in recovery	14
4	Harm reduction outreach teams and supplies (e.g. naloxone kits, fentanyl test strips)	9
5	Stigma reduction campaigns or storytelling events focused on recovery journeys	8



Healthy Affordable Food

The healthy, affordable food SDOH also included provision of other basic needs, such as formula and diapers. The solution with the highest individual ranking under Food and basic needs was increased **Food Pantries, Distribution Sites, Food Vouchers, and Food Boxes**. Table 7 shows individual prioritization data.

Table 7. Food and basic needs solutions prioritized

Rank	Solution	Votes
1	Food pantries, distribution sites, food vouchers, and food boxes	14
2	Community fridge, community closet, diaper bank, or hygiene hub	11
3	Programs that link clinics to produce boxes or vouchers	8
4	Culturally tailored food access programs or mobile pantries	7
5	Weekend backpack meals for children and teenagers experiencing food insecurity	4

Social Cohesion

The social cohesion SDOH included strategies related to decreasing isolation and increasing connection and inclusion. The solution with the highest individual ranking under Isolation, Connection, and Inclusion was identification and support for **Multilingual Community Ambassadors or Cultural Navigators for Hard-To-Reach Populations**.

Table 8 shows individual prioritization data.

Table 8. Isolation, connection, and inclusion solutions prioritized

Rank	Solution	Votes
1	Multilingual community ambassadors or cultural navigators for hard-to-reach populations	13
2	Neighbor Circles to build mutual aid and information sharing	11
3	Community meals or intergenerational events focused on connection and belonging	9
4	Provide in-home services via technology	6
5	English language learning opportunities	5

Social Justice

The social justice realm of SDOH in this case includes cross-cutting system wide improvements as potential solutions. These strategies may be independent, or layered within the other SDOH potential solutions. The solution that received the most votes was **Deep Collaborations Between Two or More Organizations that Strengthen and Create Excellence in Continuums of Care Using a Common Set of Performance Metrics**. Table 9 displays the complete output for all individual prioritization data related to cross-cutting system improvements.

Table 9. Cross-cutting system improvement solutions prioritized

Rank	Solution	Votes
1	Deep collaborations between two or more organizations with common performance metrics	14
2	Co-location of services and existing service expansion	10
3	Case management	9
	Shared intake or referral coordination platforms between agencies	
5	Community-led planning stipends for people with lived experience to co-design solutions	8
6	Programs that create equity for all people at all stages of life	7
7	Data capacity-building for grassroots organizations (e.g. hiring an evaluator or customer relationship management software)	5
8	Translation and interpretation support to make existing services accessible	4

Quality Education

The quality education SDOH was focused on positive enrichment young children and persons with disabilities during the day, or for school-age children outside of school hours. The purpose of focusing on these elements was to support working parents and caregivers. The solution with the highest individual ranking under Child care, adult, and youth support was **Free and Subsidized Non-Profit Child Care Options, Centers, and Educational Opportunities**. Table 10 shows individual prioritization data related to child care, adult, and youth support.

Table 10. Child care, adult, and youth support solutions prioritized

Rank	Solution	Votes
1	Free and subsidized non-profit child care options, centers, and educational opportunities	14
2	Drop-in respite care for caregivers of children and adults with disabilities	12
3	Youth mentorship or summer bridge programs with academic, emotional, and social support education	11
4	Stipends or mini-grants to expand home-based child care capacities	9
5	Youth civic engagement, life skills development, and environmental justice education	8
6	Youth mental health education	6
7	Youth-led wellness campaigns (e.g. anti-substance use, safe driving, healthy relationships, belonging)	5

Top solutions under each social determinant of health from individual prioritization:

Affordable housing: Flexible housing retention funds and shelter diversion

Homeless and unhoused services: Immediate family housing and emergency shelter

Economic support and access: Rental, mortgage, tax, and utility financial assistance

Mental health and trauma: Mental health care navigation

Substance use (youth and adult): Alcohol and substance use treatment programs and vouchers

Food and basic needs: Increased food pantries, distributions sites, food vouchers, and food boxes

Isolation, connection, and inclusion: Multilingual community ambassadors or cultural navigators

Cross-cutting system improvements: Deep organizational collaborations with common metrics

Child care and youth support: Free and subsidized child care and early education

Shared Priorities

Finally, key interestholder participants finished the day with an invitation to come to agreement about three top solutions under each SDOH within their small groups. Participants were asked to move their seat and work with persons they don't typically work with, or were from different sectors. Participants had access to the live data from the previous individual prioritization session, as well as the simply ranked top solutions in each category on a slide for all to view.

During the group prioritization, participants were asked to use the same evaluation criteria, as well as several additional criteria:

- **Progress** - Potential exists to make significant progress on the issue
- **Urgency** - The issue is rapidly increasing in frequency, or measurably over time
- **Most vulnerable** - Addressing this issue will help people in our community who are the most vulnerable or most affected
- **Cooperation** - Addressing the issue is of significant interest to an array of partners and social organizations

And...

- **Community will** - Residents, interestholders, and community leaders are aligned with the issue as a priority
- **Community benefit** - Addressing the issue will benefit or improve circumstances for many people
- **Current momentum** - There is already community-level concern and work in progress being done on the issue
- **Return on investment** - Addressing the issue direct delivers economic benefit or reduced resource expenditures through prevention in the short or long term

Table 11 displays the number of participant groups selecting each issue as a priority after the small group prioritization discussion. Issues that rose to the top are **bolded**. If the issue was not selected as a priority by any small groups, it was not included in the table.

Table 11. Group prioritization results

SDOH	Solution	# votes
Affordable housing	Flexible housing retention funds and shelter diversion	6
	Rapid re-housing support coordinators for at-risk households	3
	Older-adult specific housing opportunities (home sharing, prevention, aging in place assistance)	1
Homeless and unhoused	Increased immediate family housing and emergency shelter options	5
	Increased number of shelter beds with hygiene stations	4
	Increased case managers with appropriate training to serve clients experiencing homelessness	2
	Street outreach or mobile engagement for unsheltered persons	1
Economic support	Economic support via rental, mortgage, tax or utility direct financial assistance	4
	Financial literacy and tax preparation program offered in libraries or other community based organizations	3
	Legal clinics for wage theft, eviction, or immigration	3
	Transportation navigation, assistance, and vouchers (including bus passes, gas cards, and Lyft credits)	3
	Workforce development and job training	2
Mental health	Mental health care and relapse prevention navigation	6
	Crisis support or emergency mental health services and treatment	4
	Training for family and community in trauma-informed practices and Mental Health First Aid	2
Substance Use	Relapse prevention, sober social activities, and support groups for youth or adults in recover	4
	Wraparound coordination for families facing Substance Use Disorder, especially post-overdose	4
	Alcohol and substance use treatment programs (and increased access to vouchers)	2

	Stigma reduction campaigns or storytelling events focused on recovery journeys	1
Food and basic needs	Community fridge, community closet, diaper bank, or hygiene hub development	3
	Food pantries, increased distribution sites, food vouchers, and food boxes	3
	Weekend or all-week backpack meals for children and teenagers experiencing food insecurity	2
	Culturally tailored food access programs or mobile pantries	1
	Nutrition education and cooking demonstrations with a theme <i>Food is Medicine</i>	1
Isolation, connection, inclusion	Multilingual community ambassadors or cultural navigators for hard-to-reach populations	4
	Neighbor Circles to build mutual aid and information sharing	4
	Community meals or intergenerational events focused on connection and belonging	3
	Provide in-home services using technology	1
Cross-cutting system improvements	Co-location of services and existing service expansion (increased hours or days of operation)	5
	Deep collaborations between two or more organizations using a common set of performance metrics	5
	Programs that create equity for all people at all stages of life	2
	Shared intake or referral coordination platforms between agencies (i.e. CHIS, Community Cares)	2
	Community-led planning stipends for people with lived experience to co-design solutions	1
Child care and youth support	Drop-in respite care for caregivers of children or adults with disabilities	4
	Free and subsidized non-profit child care options, centers, and educational opportunities	4
	Youth mentorship or summer bridge programs with academic, emotional, and social support education	4
	Youth civic engagement, life skills development, environmental justice, and mental health education	2
	Youth-led wellness campaigns (i.e. anti-substance use, safe driving, healthy relationships, belonging)	1

Final priorities

Several elements rose to the top as potential solutions in the City of Tempe, displayed in Table 12. These focused solutions were generated through the identifying the intersection of need as defined by community-level data, and through consensus between subject matter expert priorities and solutions generated by inter-professional small groups. See the appendix (Table 13) for all data outputs, ranked.

Table 12. Common priority solutions among all data sources

SDOH	Data report	Individual and Group ranked priority
HOUSING	priority	Flexible housing retention funds and shelter diversion tactics
HOMELESSNESS	priority	Increased immediate family housing and emergency shelter options
ECONOMIC SUPPORT	priority	Rental, mortgage, taxes, and utility direct financial support
MENTAL HEALTH	priority	Mental health care and relapse prevention navigation services
FOOD and BASIC NEEDS	secondary	Food pantries, increased distribution sites, food vouchers, and food boxes
ISOLATION, CONNECTION, AND INCLUSION	secondary	Multilingual community ambassadors, cultural navigators, <i>and</i> Neighbor Circles for hard to reach folks
CROSS-CUTTING IMPROVEMENTS	best practice	Deep collaborations with shared metrics <i>and</i> Co-location of services and expanded hours
CHILD CARE and YOUTH	best practice	Free or subsidized non-profit child care and early childhood education

Recommendations

TCC can apply the findings including (1) ranking of social determinants of health and wellbeing (2) individual prioritization data, (3) group prioritization data, (4) common priority solutions, and (5) all solutions data, to assist in creation and application of an equitable approach to fund community-based projects. As there is no truly objective manner in which to approach the task, we present these data for consideration in the process.

The following recommendations may also be considered during the next phase of program development. These recommendations represent the opinion of the evaluation team at Intersectional Inquiry, LLC. The recommendations offered were based on strategic analysis, emergent and evidenced best practices, and prior community planning experience, and therefore may not explicitly align with all assessment results.

While developing Request for Proposals (RFP) evaluation criteria, TCC may prioritize proposals which include the following recommended strategic approaches. Increased RFP evaluation points can be awarded to proposals which include:

- **Deep collaborations** - Project proposals including partnerships between two or more agencies using an authentically and deeply collaborative approach, official agreements, and shared metrics should be prioritized. Summit participants supported use of this best practice.
- **Service expansion or co-location** - Projects that expand hours or days of available service or integration of another co-located service provider may be prioritized. This approach builds on existing momentum, complimentary funding streams, and was supported by Summit participants.
- **Policy, systems, environment** - Implementation of projects that include PSE work are shown to be more effective than service provision alone¹. Individual service delivery objectives considered from a broader perspective could include many different approaches. PSE approaches are intended to impact the community where implemented beyond the scope of the project or funding timeline. Successful applicants should describe project impact sustainability.
 - Policy development may include internal organizational policy development, such as creation and adoption of client-centered policies and procedures, or wellness policies for employees and clients.

¹ Herman et al., 2022, Maternal and Child Health Journal, <https://doi.org/10.1007/s10995-022-03435-0>; Yaroch et al., 2020, Journal of Healthy Eating and Active Living, <https://pmc.ncbi.nlm.nih.gov/articles/PMC10544931/>

- Policy work may be conducted at the local (municipal or county) level, state level, or federal level. Projects may include education and awareness of policy implications in addition to direct advocacy.
 - Systems level work may include coalition development, shared project responsibilities, or implementation of shared data systems.
 - Environmental changes include enhancements or permanent improvements to the environment in which persons live, work, play, or pray. Environmental changes may be physical, virtual, or cultural.
- **Evaluation** - Define shared project metrics prior to disseminating the RFP announcement. Mindfully include proposed metrics which align under each SDOH, as well as collective metrics for all projects. Award applicants extra points for describing how they will collect and report on metrics, or for contracting with a third-party evaluator.
- **Hard-to-reach populations** - Award points to applications that include engagement of hard-to-reach populations. The purpose of this recommendation is to improve TCC's ability to impact all community members, including those who cannot easily access services. Prioritize applications including organizations with existing ties within hard-to-reach communities (i.e. disabled persons and their caregivers, isolated older adults, monolingual non-English speaking persons and families, refugees, undocumented persons, unhoused persons).
- **Housing First** - The central tenant of Housing First describes that before stability is possible, persons must have a consistent, safe place to sleep, conduct personal hygiene, and store their personal belongings. This approach prioritizes safe housing over medical care, employment, and sobriety. Research has shown that Housing First approaches promote health and wellbeing among previously unsheltered individuals². Housing First has also been associated with a quicker exit from the cycle of homelessness and increased long-term housing stability, as well as decreased use of emergency medical services and reduced hospitalization rates³. This model has been successfully adopted in Flagstaff, Tucson, Denver, Houston, Salt Lake City, and Santa Clara County. The council may choose to award additional points to RFPs which include projects using a Housing First approach.

² Baxter et al., 2019, Journal of Epidemiology in Community Health, <https://doi.org/10.1136/jech-2018-210981>; Peng et al., 2021, Journal of Public Health Management and Practice, <https://doi.org/10.1097/PHH.0000000000001219>

³ Tsai, 2020, American Journal of Public Health, <https://doi.org/10.2105/AJPH.2020.305835>

Several process related recommendations formed during the Prioritization Summit:

- **Evaluation criteria for potential solutions** - Participants expressed the importance of defining evaluation criteria. Interestholders explained that when it was difficult to prioritize solutions, reliance on the evaluation criteria assisted their discussion and final ranking. This made it easier to be objective and to consider the community needs beyond their personal or agency based mission.
- **Overlapping issues** - There was robust group discussion about the overlapping nature of the community needs, problems, and solutions. For example, inability to pay for one's utilities or rent may be the cause of mental health issues. Or, an individual may turn to substances to cope with sleeping on the street.
- **Underrepresentation** - Meeting participants discussed several approaches to improving the quality of primary data collection from hard-to-reach populations.
 - Participants suggested an item be added to the community survey to capture whether an agent took the survey for someone else who is unable due to a physical or intellectual disability.
 - Over-sampling of underrepresented groups may be considered for the next iteration of the human services needs survey, in addition to expanded tailored focus groups.
 - Group homes were suggested as a venue to improve the depth of primary data collected from individuals who have a level of need (via survey or focus group).
- **Barriers** - Several cultural and historical barriers to community-based approaches (solutions and data collection) were discussed.
 - Solutions are not one-size-fits all, and communities are not homogenous. When addressing disparities rooted in historical inequity, several layers of efforts (programs, policies, environmental changes) must overlap for progress to occur. This includes agencies and departments working outside of "siloes."
 - Older adults may struggle to identify mental health problems during primary data collection due to generational stigma.

Appendix

See Table 13 for a detailed presentation of all data collected at the prioritization summit. **Individual** and **group** priorities were highlighted in **green** and **blue** (respectively) when more than two-thirds of votes cast ranked the solution as a top priority. Solutions were **bolded** in Table 13 when they aligned as a priority among individual and group rankings.

Table 13. All data ranked

Solution	SDOH rank	Indiv. votes	Group votes
Flexible housing retention funds and shelter diversion	1	18	6
Alcohol and substance use treatment programs (or increased access to vouchers)	3	17	2
Increased immediate family housing and emergency shelter options	1	16	5
Economic support via rental, mortgage, tax, or utility assistance	2	16	4
Wraparound coordination for families facing SUD, especially post-overdose	3	16	4
Increased number of emergency shelter beds with hygiene stations	1	14	4
Relapse prevention, sober social activities, and support groups for youth and adults in recovery	3	14	4
Food pantries, distribution sites, food vouchers, and food boxes	4	14	3
Deep collaborations between two or more organizations with common performance metrics	6	14	5
Free and subsidized non-profit child care options, centers, and educational opportunities	7	14	3
Rapid re-housing support coordinators for at-risk households	1	13	3
Mental health care and recovery navigation	3	13	6
Multilingual community ambassadors or cultural navigators for hard-to-reach populations	5	13	4
Increased case managers with appropriate training to serve clients experiencing homelessness	1	12	2
Crisis support or emergency mental health services and treatment	3	12	4
Drop-in respite care for caregivers of children and adults with disabilities	7	12	4
Transportation navigation and vouchers (bus passes, gas cards, Lyft)	2	11	3

Solution	SDOH rank	Indiv. votes	Group votes
Community fridge, community closet, diaper bank, or hygiene hub	4	11	3
Neighbor Circles to build mutual aid and information sharing	5	11	4
Youth mentorship or summer bridge programs with academic, emotional, and social support education	7	11	4
Increased affordable housing developments for older adults	1	10	-
Co-location of services and expansion of hours and days of existing service delivery	6	10	5
Financial literacy or tax preparation programs in libraries or community based organizations	2	9	3
Harm reduction outreach teams and supplies (e.g. naloxone kits, fentanyl test strips)	3	9	1
Community meals or intergenerational events focused on connection and belonging	5	9	3
Case management services	6	9	-
Shared intake or referral coordination platforms between agencies such as CHMIS, Community Cares	6	9	2
Stipends or mini-grants to expand home-based child care capacities	7	9	-
Street outreach or mobile engagement teams for the unsheltered	1	8	1
Job support and vocational training	2	8	-
Access to group therapy, online therapy, and medication management	3	8	-
Training for family and community in trauma-informed practices or Mental Health First Aid	3	8	2
Stigma reduction campaigns or storytelling events focused on recovery journeys	3	8	1
Programs that link clinics to produce boxes or vouchers	4	8	-
Community-led planning stipends for people with lived experience to co-design solutions	6	8	1

Solution	SDOH rank	Indiv. votes	Group votes
Youth civic engagement, life skills development, and environmental justice education	7	8	2
Stipends for peer recovery coaches or mental health navigators in trusted community spaces	3	7	-
Culturally tailored food access programs or mobile pantries	4	7	1
Programs that create equity for all people at all stages of life	6	7	2
Legal clinics for wage theft, eviction, or immigration support	2	6	3
Workforce development and job training	2	6	2
Provide in-home services via technology	5	6	1
Youth mental health education	7	6	-
Increased access to pop-up day centers or hygiene stations	1	5	-
Youth-specific housing navigation or safe sleep programs	1	5	-
Microgrants for undocumented or mixed-status family emergencies	2	5	-
Arts, movement, or expressive therapy workshops to build coping skills and connection	3	5	-
Peer-led support groups for trauma, anxiety, or grief (including BIPOC, LGBTQ+, or disability community)	3	5	-
Services and support for domestic violence survivors and sexual violence survivors	3	5	-
English language learning opportunities	5	5	-
Data capacity-building for grassroots organizations (e.g. hiring an evaluator or CRM software)	6	5	-
Youth-led wellness campaigns (e.g. anti-substance use, safe driving, healthy relationships, belonging)	7	5	1
Continuing education support funds	2	4	-

Solution	SDOH rank	Indiv. votes	Group votes
Weekend or week day backpack meals for children and teenagers experiencing food insecurity	4	4	2
Translation and interpretation support to make existing services accessible	6	4	-
Post medical treatment recovery support for people experiencing homelessness	1	3	-
Suicide prevention, training, and support	3	3	-
Small business pop-up support for underrepresented entrepreneurs	2	1	-