

City of Irvine

# Strategic Plan for Children, Youth and Families

FY 2025-2030



# Table of Contents

- Executive Summary** ..... 1
- Background and Irvine Demographics** ..... 3
  - Children, Youth and Families in the City of Irvine ..... 3
  - Planning Process ..... 3
- Strategic Plan Goals** ..... 7
  - Goal 1: Enhance Cross Sectional and Interdepartmental Engagement ..... 8
  - Goal 2: Reduce Health Disparities ..... 8
  - Goal 3: Support Healthy Child Development and Increase Readiness for School ..... 9
  - Goal 4: Strengthen Healthy Youth Development ..... 10
  - Goal 5: Support a Safe, Secure and Inclusive Community ..... 12
- Conclusion** ..... 14
- Acknowledgements** ..... 14
- Appendices** ..... 15
  - Appendix A. Strategic Plan Summary ..... 15
  - Appendix B. Summary of Stakeholder Outreach Engagement ..... 19
  - Appendix C. Implementation Matrix ..... 23
  - Appendix D. Landscape Scan Data ..... 29

# Executive Summary

The City of Irvine, with support from Health Management Associates Inc., developed the City of Irvine Strategic Plan for Children, Youth and Families 2025 through 2030 (Plan). The Plan’s purpose is to create a vision and identify goals and action items which will guide the City of Irvine in adopting its programs and services to meet the changing needs of children, youth and families in Irvine. The Strategic Goals build and expand upon current efforts to realize the City’s vision to **create and maintain a safe community where children, youth and families thrive emotionally, physically, academically, and socially.**

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## Methodology

The Community Services Department launched the strategic planning process in Fall 2022 to produce a five-year Strategic Plan for Children, Youth and Families in Irvine. The first phase of planning included an extensive landscape assessment that considered both qualitative and quantitative data to identify current community assets and gaps. In addition to reviewing publicly available data, the City also conducted a range of stakeholder engagement activities including focus groups, interviews, town halls, and other meetings with students and representatives from community organizations, City staff, Irvine Unified School District, and elected officials. The City also administered two surveys – that garnered over 2,300 responses – to capture student and family perspective on community needs, access to services and supports, and program priorities.

In 2023, Irvine established the Office of Health and Wellness with a focus on developing program resources for behavioral and mental health, homelessness and at-risk homelessness, housing development, and assistant housing services. Central to the work of the Office of Health and Wellness is strengthening collaboration with City staff, community partners, outside agencies, and members of the public to support and expand access to services. In this spirit of collaboration, the Office of Health and Wellness joined with the Community Services Department to create a joint strategic plan to express shared goals and priorities. A group comprised of representatives from the Irvine Children, Youth and Families Advisory Committee (ICYFAC) and from various City departments convened during multiple sessions in 2023 and 2024 to review and respond to data findings and make recommendations on strategic priorities.

# 2025-2030 Plan Overview

The Strategic Plan focuses on priorities for the Community Services Department and the Office of Health and Wellness while recognizing a broader array of services and resources available from other City departments, community partners, and providers to improve outcomes for children and youth. Following are the goals and strategies included in the five-year plan. An accompanying Implementation Guide was also created to ensure strategies are effectively executed (Appendix C).

## GOAL 1

### Enhance Cross Sectional and Interdepartmental Engagement

- Strategy 1.1** Develop Models to Support Navigation Services
- Strategy 1.2** Establish a Mental Health Collaborative

## GOAL 2

### Reduce Health Disparities

- Strategy 2.1** Provide Support to Families in Need
- Strategy 2.2** Increase Community Outreach and Education
- Strategy 2.3** Explore Development of Youth Outreach Wellness Center or Teen Center

## GOAL 3

### Support Healthy Child Development and Increase Readiness for School

- Strategy 3.1** Improve the Social and Emotional Wellbeing of Young Children and their Families
- Strategy 3.2** Support the Development of a Stronger Child Care Workforce
- Strategy 3.3** Increase Access to Quality Early Learning Opportunities

## GOAL 4

### Strengthen Healthy Youth Development

- Strategy 4.1** Increase Mental and Social Emotional Health and Reduce Risky Behaviors
- Strategy 4.2** Implement Mentorship, Leadership, and Civic Engagement Opportunities
- Strategy 4.3** Expand Community Service and Volunteerism
- Strategy 4.4** Improve Post-Secondary Success

## GOAL 5

### Support a Safe, Secure, and Inclusive Community

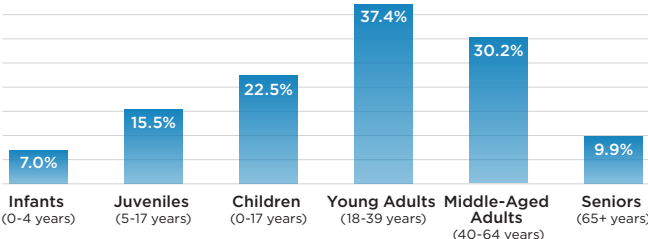
- Strategy 5.1** Increase the Sense of Belonging
- Strategy 5.2** Expand Multilingual Outreach and Support
- Strategy 5.3** Prioritize Spaces, Services and Programming for Underserved Populations
- Strategy 5.4** Support City-wide Inclusivity and Equity Efforts

# Background and Irvine Demographics

## Children, Youth and Families in the City of Irvine

Since its incorporation in 1971, Irvine has become a nationally recognized city, with a population of over 310,000 people and spans 66 square miles. In 2021, Irvine was the fastest growing city in California; it is now the 13th largest city in the state by population. Of the total population, 45% are between 0-17 years of age. The City features more than 16,000 acres of parks, sports fields, and dedicated open space. Top-rated educational institutions, an enterprising business atmosphere, sound environmental stewardship, and respect for diversity, equity, and inclusion all contribute to Irvine’s high quality of life.

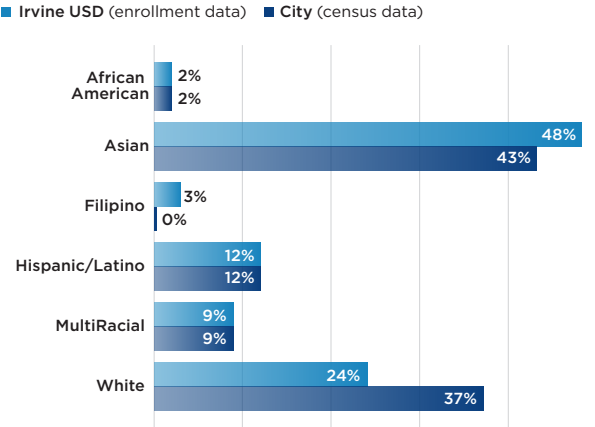
### Irvine Population by Age Group, 2016-2020



Source: American Community Survey, 2016-2020 5-Year Estimates, Table B01001.

In terms of race and ethnicity, based on 2022 U.S. Census estimates, 43% of the population identifies as Asian, 37% White, 12% Hispanic/Latino, 9% Multi-racial, and 2% African American.

### Irvine Population by Race and Ethnicity: Student Enrollment and City Census, 2022-2023

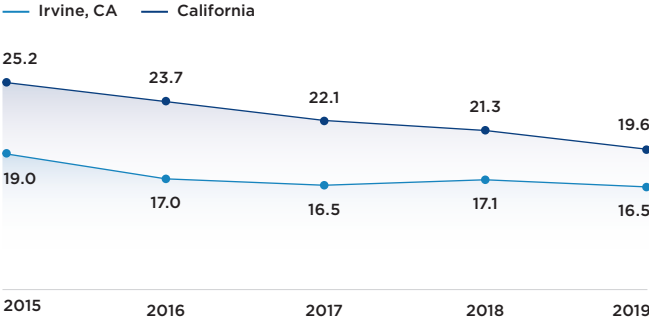


Sources: U.S. Census estimates 2022; California Department of Education (Data Quest) based on 2022-23 student enrollment

Within the Irvine Unified School District, 19.5% of students are considered Economically Disadvantaged, 16.4% are English Learners, and 9.1% are students with disabilities. Our language statistics provide insights into the diversity of our City and the cultural and linguistic needs of Irvine families. For English Learners, the most common home languages are Mandarin (26.5%), Korean (14.4%), Spanish (10.1%), Japanese (8.8%), Farsi (8.2%), Arabic (7.9%), and Russian (5.6%).

Per the chart below, the percentage of families that are below 150% of the federal poverty level are lower in Irvine as compared to the state. Poverty among individuals in families is decreasing in Irvine, but not at a similar rate to California.

### Individuals in families that are below 150% of the federal poverty level (FPL), past 12 months of income



Source: American Community Survey, 2016-2020, 5-Year Estimates, Table C17002.

## Planning Process

The 2025 - 2030 Strategic Plan for Children, Youth and Families focuses on priorities for the Community Services Department and the Office of Health and Wellness while recognizing a broader array of services and resources available from other City departments, community partners, and providers to improve outcomes for children and youth.

The process is built upon Irvine’s long-standing commitment to community-driven planning.

In 2002, City Councilmembers presided at a *Forum on Child and Elder Poverty in Irvine and Orange County* that culminated in a call to develop a strategic plan for children and families. An extensive community planning process in 2007 resulted in a five-year Strategic Plan for Children, Youth and Families (2008-2013). That plan



sought to allocate funding in a more effective and coordinated way to meet the needs of children, youth, and families. In 2009, the ICYFAC was formed to oversee the plan, including reviewing plan processes, monitoring funded activities, and integrating community input on an ongoing basis. In 2013 with input from the community, City staff, and ICYFAC members, Irvine developed a Strategic Plan Update to guide the work of the City for the next five years (2013-2018). The 2019-2020 ICYFAC Work Plan laid out a series of activities to strengthen the resiliency of young people, deepen youth connections to their schools and community, and increase collaboration between the City and youth and community serving agencies. With each successive planning effort, the City relied on extensive community input to identify opportunities to advance its vision to create and maintain a safe community where children, youth, and families thrive.

The Community Services Department launched the strategic planning process in Fall 2022 to produce a next five-year Strategic Plan for Children, Youth and Families in Irvine. Health Management Associates, Inc. (HMA) worked with the Community Services Department to design

and facilitate an intentional planning process that considered changes in the environment since the last plan, including the impacts of the COVID-19 pandemic on children and families, and other factors. Accordingly, the first phase of planning included an extensive landscape assessment that considered both qualitative and quantitative data to identify current community assets and gaps.

In addition to reviewing publicly available data, the City also conducted a range of stakeholder engagement activities.

These included focus groups, interviews, town halls, and other meetings with students and representatives from community organizations, City staff, Irvine Unified School District, and elected officials. The City also administered two surveys – *the City of Irvine Youth Survey* and *the City of Irvine Community Survey* – to capture student and family perspectives on community needs, access to services and supports, and program priorities. These activities are further described below.

## Review of Publicly Available Data

The first phase of the planning involved a review of existing publicly available data on the condition of children, youth, and families in Orange Counties. This data provided important prompts for stakeholder engagement and, where available, identified communities within the City of Irvine that may be priorities for interventions. Data sources included:

- The 29th Annual Report on the Conditions of Children in Orange County (2023): This report compiles indicators across four interdependent focus areas including: good health, economic well-being, educational achievement, and safe homes and communities, in order to highlight trends in how children are faring.
- Kindergarten Readiness Results – Early Developmental Index (2022): Orange County relies on the Early Development Index to measure children’s readiness for school. The Early Development Index, which is conducted during the kindergarten year, assesses children’s development through questionnaires completed by kindergarten teachers for every child in their class. Beginning in 2015, comprehensive Early Development Index data was available for all children enrolled in Orange County public schools.
- California Healthy Kids Survey (2021/22): The California Healthy Kids Survey is a state-subsidized anonymous survey that is focused on five domains for guiding school and student improvement including student connectedness, school climate and culture, school safety, physical and mental well-being and social-emotional learning, and student supports. The survey provides valuable data in terms of understanding students’ emotional and mental health, as well as rates of engagement in health-related risk behaviors including alcohol and other drug use, tobacco use, and other indicators of physical and mental health risk.

The review also included the following additional data sources:

- California Department of Education, DataQuest (School Year 2021/22)
- California Health Interview Survey (2021/22)
- CHOC Community Health Needs Assessment (2022)



- OC Community Indicators Report (2022)
- OC Equity Map
- OC Health Care Agency, Mental Health Services Act Needs and Gap Analysis (October 2019)

*Data gathered during this stage can be found in Appendix D.*

## Student and Community Surveys

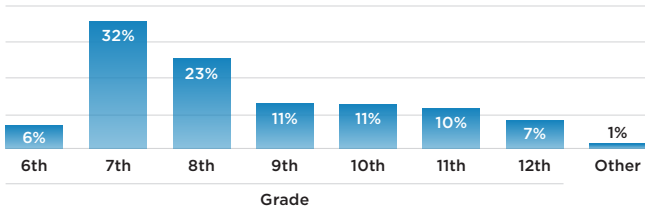
The planning process involved two surveys to gather perspectives on community needs, access to services and supports, and program priorities: *the City of Irvine Youth Survey and the City of Irvine Community Survey*. The surveys complemented the community data review and provided input on potential strategies to address identified issues.

*The City of Irvine Youth Survey* was comprised of 26 questions focused on youth and student experiences. The survey was open for 92 days between March 1 – June 1, 2023. It was distributed via flyers and posters on school campuses and was available at the student focus groups and town halls. In total, 1,856 students completed the survey.

Survey analysis included calculating counts and percentages of every option for each question in the survey and creating cross-tabulated analyses to look for differences across middle and high school, race/ethnicity, sexual orientation, and gender. The survey also included a generalized “Level of Engagement” metric based on how often students reported participating in school or non-school activities after the regular school day and how often they volunteered for community service in the past year.



### City of Irvine Youth Survey Responses by Grade



### City of Irvine Youth Survey Response by Zip Code



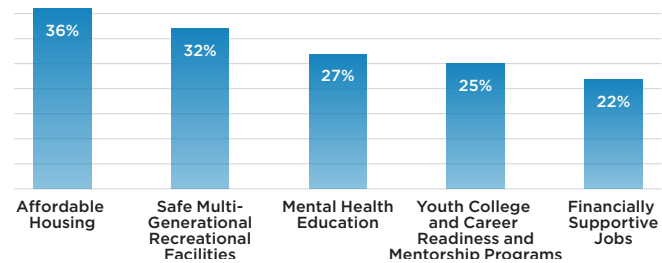
As detailed in the table below, the Youth Survey highlighted several service and programming priorities that youth deemed both very important and difficult to access:

Service Priority	Youth need and want..
<b>College and Career Readiness</b>	<ul style="list-style-type: none"> <li>Learning about ways to help pay for college</li> <li>Help with college preparation/college application</li> <li>Learning about money management and finances</li> <li>Learning about different careers and professions</li> </ul>
<b>Social Emotional Learning/Mental Health</b>	<ul style="list-style-type: none"> <li>Learning about self-care; how to maintain emotional well-being</li> <li>Learning about ways to manage stress</li> <li>Learning about ways to handle conflicts with others</li> </ul>
<b>Volunteerism/Leadership</b>	<ul style="list-style-type: none"> <li>Learning about volunteer opportunities in the community</li> <li>Learning leadership skills/becoming a community leader</li> <li>Learning about ways to improve the quality of life in Irvine</li> </ul>

The survey results also revealed the importance of engagement levels across a host of areas. The student’s self-described level of engagement correlated strongly with interest and involvement in community and willingness to help others. Lower levels of engagement correlated with low (perceived) access to mental health services and support, as well as access to services and opportunities tied to college preparation, sports/fitness, and volunteering.

The City of Irvine Community Survey was focused on adult residents, families, and youth-serving organizations. In total, 554 community members completed the survey. The survey was made available on the City’s webpage and was distributed via the City’s email distribution lists. The survey was open for 90 days between March 31 – June 27, 2023. The survey was available in seven languages other than English; the highest concentration of non-English surveys was in Chinese (2% of respondents). Analysis included calculating the counts and percentages for each option in every question in the survey. When asked about priorities for the City of Irvine to work on over the next five years to better serve children, youth, and families, community members pointed to the following areas depicted in the chart below. Among the services that were most difficult to access were childcare/day care assistance (21%), work-related/employment for youth (19%), low or no cost dental health (17%), and parenting information and training (17%). When asked about barriers that accessed services, community members noted (in ranked order): knowledge of available resources, financial considerations (too expensive), and long wait times to access services.

### Ranked Priorities for the City of Irvine for Children and Families





## Focus Groups

The process also included 10 focus groups to capture diverse perspectives on key issues. The focus groups involved semi-structured discussions based on a set of open-ended questions. The focus groups included some standard questions aimed at identifying what is most critical and essential to help support children, youth, and families in the City of Irvine; they also included targeted questions related to needs and opportunities pertinent to the particular focus group. Focus groups included:

- Students (Middle and High School aged, 240 students, grades 6-12)
- Healthcare Providers
- City Staff
- Community-based Organizations
- Childcare Committees
- Faith-based/Cultural Leaders
- Parents of Children with Special Needs

## Town Halls

In addition to the survey and focus groups, the process also involved three town halls for students and community members. The town halls utilized an open house/gallery walk format to provide opportunities for residents to review and provide feedback on data findings from the community data sources and two surveys.

For the student town hall, students were invited to join semi-structured small group discussions organized around the following topics: enrichment opportunities; mental health/healthy relationships; college and career readiness, and youth voice/leadership.

## Planning Meetings

A group comprised of representatives from the ICYFAC and from City departments convened during multiple sessions in 2023 and 2024 to review and respond to data findings and make recommendations on strategic priorities.

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# Strategic Plan Goals

With the launch of the Office of Health and Wellness in 2023, the two departments came together to create a joint strategic plan to express shared goals and priorities.

An important element of the strategic planning process was defining the City of Irvine's role and value within the larger set of programs and resources provided by key partners such as school districts, health care providers, faith/cultural groups, and other community organizations. The Strategic Plan is grounded in the following five key principles that define what the City – both Community Services and the Office of Health and Wellness – is well positioned to lead. Together, these serve to define the City's approach to promoting the health and development of children, youth, and families.

**PREVENTION-FOCUSED:** Promote healthy behaviors, prevention and educational opportunities, resources and supports for early intervention, and connect people to each other and community resources.

**POPULATION-LEVEL APPROACH:** Support, fund, or expand models that aim to reach those who live,

work and play in Irvine through a given method or intervention.

**EQUITY:** Make intentional and targeted investments to reach populations where there are disparities in access, lower levels of engagement in services, and/or higher risks for poor outcomes.

**PARTNERSHIP:** Recognize and build upon existing community resources and partnerships to support City priorities. Where there may be gaps, explore the City's capacity to take a more active leadership role in the development of new initiatives.

**MEASUREMENT AND EVALUATION:** Commit to ongoing evaluation and measurement of strategies, goals and tactics to ensure effectiveness.

Building off this approach, the City arrived at **five goals** that describe the City's approach to supporting children, youth and families over the next five years. On the following pages is additional detail about the strategies and tactics for each goal. The **strategies** describe how the City will accomplish these goals, and tactics describe the specific actions that the City will undertake to advance the strategies. The City is committed to on-going measurement and evaluation to

track progress over the five-year period while maintaining the capacity and flexibility to be responsive to emerging needs and trends.

**GOAL 1**

**Enhance Cross Sectional and Interdepartmental Engagement**

**GOAL 2**

**Reduce Health Disparities**

**GOAL 3**

**Support Healthy Child Development and Increase Readiness for School**

**GOAL 4**

**Strengthen Healthy Youth Development**

**GOAL 5**

**Support a Safe, Secure and Inclusive Community**

**GOAL 1**

**Enhance Cross Sectional and Interdepartmental Engagement**

Interdepartmental or cross-sectional engagement refers to collaborative projects and work that involve employees from more than one department or community-based organization to achieve common goals. Engaging in this kind of collaboration with other departments and non-profits will help drive innovation and overall success in supporting children, youth, and families.

This focus on increased collaboration was a clear theme in stakeholder engagement. A little over half (53%) of community survey respondents agreed that the City of Irvine does a good job of “enhancing and maintaining cross-sector partnerships.” Input from leaders across the City further emphasized the importance of building on partnership efforts already underway. Interviews and focus groups with leaders of community-based organizations cited gaps in knowledge – not the availability of services – as the biggest challenge to connecting to services, particularly for non-English speaking families.

This goal focuses on opportunities for sharing knowledge and expertise to improve the success on a variety of shared efforts. Strategies include

those focused on achieving greater internal City collaboration and external coordination to inform service planning, increase engagement in City services, and to address the needs of children and youth.

**Strategies and Tactics**

**1.1 Develop Models to Support Navigation Services**

- a. Establish a City-wide navigation system with area expert navigators
- b. Link Community Services Department resources to City-wide navigation system
- c. Utilize existing Community Centers as resource hubs

**1.2 Establish a Mental Health Collaborative**

- a. Host quarterly mental health collaborative meetings
- b. Explore inclusion of key community partners

**GOAL 2**

**Reduce Health Disparities**

The quality of life can differ across groups depending on factors such as family and community, race or ethnicity, education, income, disability, geographic location, gender, or sexual orientation. Individuals or families who identify with one or more of these factors often experience disparate outcomes as compared with others in the community. These recognized health disparities result in potential adverse outcomes in behavior, learning, and social development that are often present throughout youth and continue into adulthood.<sup>1</sup>

Despite significant progress in research, practice, and policy, youth health disparities persist across numerous health areas. For example, African American youth, as compared to white youth, are less likely to get needed diagnostic imaging, face longer waits at emergency rooms, are more likely to have surgical complications, and less likely to get diagnosed with—and treatment for—developmental disabilities.<sup>2</sup> Per a new CDC study, youth who identify as LGBTQ+ reported higher rates of poor mental health and suicidal

<sup>1</sup> <https://www.cdc.gov/healthyouth/disparities/index.htm>  
<sup>2</sup> <https://www.thelancet.com/series/racism-child-health-USA>

thoughts and behaviors than their cisgender and heterosexual peers.<sup>3</sup> Many other examples of health disparities, including those in other demographic groups and particular geographic communities in Irvine, exist. (See data referenced under Goal 5.)

This goal focuses on efforts to reduce health disparities. Strategies consider how to increase community awareness of existing programs and services; to increase concrete supports to families to address the social determinants or drivers of health; and to establish designated locations across the City where children, youth, and families can access resources and supports.

### Strategies and Tactics

#### 2.1 Provide Support to Families in Need

- a. Assess need to expand and/or create new programs related to housing, food security, health and mental care, transportation and education
- b. Increase access to programs that impact Social Drivers of Health (such as financial, education, mental & physical health)
- c. Establish the/a City of Irvine Family Resource Center

#### 2.2 Increase Community Outreach and Education

- a. Develop accessible public awareness outreach strategies to inform Irvine children, youth and families in areas where they live, work, and play

#### 2.3 Explore Development of Youth Outreach Wellness Center or Teen Center

- a. Identify possible existing facilities that could support this function
- b. Identify potential operating model to support health, wellness, and development

### GOAL 3

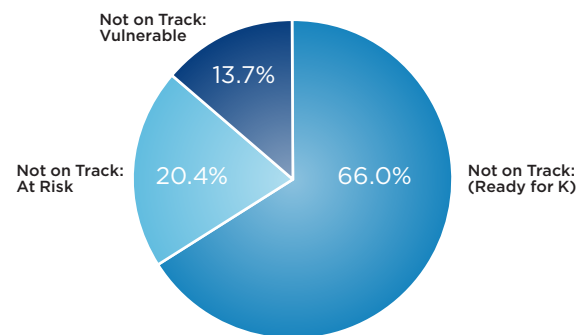
#### Support Healthy Child Development and Increase Readiness for School

Children’s early development has a profound impact on long-term outcomes in education, physical health, socialization, and behavioral health. For example, between birth and age three,

sensory pathways, such as hearing, language, and cognitive function are at their fastest rate of development.<sup>4</sup> Building a strong foundation during these early years of life through, for example, quality early childhood education, prevention and early intervention services, helps young children develop the skills they need to become well-functioning adults.

All public schools in Irvine participate in the Early Development Index (EDI). The EDI is a population-based measure of a child’s development in five key developmental areas: physical health, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge. Irvine has consistently performed above the County average. Irvine’s 2022 EDI data shows that 66% of children were developmentally ready for kindergarten (as compared to 52.5% for Orange County as a whole). Among Irvine’s kindergarteners, 34% were either vulnerable or at-risk of not being developmentally ready as compared to the County as a whole.

#### 2022 Status of Kindergarten Readiness



Source: First 5 Orange County

Nearly all parents polled (96%) by the Education Trust West<sup>5</sup> agree that California should be doing more to support the health and wellbeing of infants, toddlers, and preschoolers to ensure they remain developmentally on track from birth throughout childhood. Similarly, input from focus groups with parents of young children and providers in Irvine highlighted opportunities for increased support for child development and school readiness. Focus group participants reported seeing more anxiety in young children, especially post-pandemic, and recommended an increased focus on the

3 <https://abcnews.go.com/Health/40-lgbtq-youth-considered-suicide-past-year-cdc/story?id=112604907>

4 Zero to Three, Why 0-3? <https://www.zerotothree.org/why-0-3/>

5 The Education Trust-West. California Parent Poll: COVID-19 and Early Childhood. <https://west.edtrust.org/california-parent-poll-covid-19-and-early-childhood-2021/>

social and emotional needs of children. They also recommended parent education on the positive impact of play in developing strong social/emotional skills. Finally, they identified waitlists for childcare for pre-kindergarten aged children (ages 0-4) as a challenge.



Goal 3 focuses on opportunities to continue to promote healthy childhood development, improve school readiness and increase access to quality early learning opportunities. Strategies consider how to advance a “Whole-Child, Whole-Family” approach<sup>6</sup> that recognizes that a child’s growth and development is impacted by the environment in which they live, grow, and develop. Accordingly, the strategies include activities related to promoting family stability, attending to the physical and behavioral health of all members of the household, and supporting a stronger childcare workforce to enhance the capabilities and skills to serve the diverse needs of Irvine children and families.

### Strategies and Tactics

#### 3.1 Improve the Social and Emotional Wellbeing of Young Children and Their Families

- a. Increase parents and families understanding of child development, particularly the connection between social and emotional development and behavior and mental health, by dissemination of public awareness and education materials
- b. Expand awareness of parent education opportunities and other support services for children and families

#### 3.2 Support the Development of a Stronger Child Care Workforce

- a. Build community awareness of the value of the early childhood education workforce
- b. Identify professional development needs and work with community partners to provide or connect to training opportunities for early learning professionals
- c. Provide training opportunities to City recreation staff and external family, friend and neighbor child care providers

#### 3.3 Increase Access to Quality Early Learning Opportunities

- a. Expand supplemental early learning opportunities in public spaces and community locations frequented by families with young children
- b. Provide training to licensed child care centers and family child care homes on County subsidy programs
- c. Increase collaborations between early childhood education programs and community partners that provide mental health and behavioral supports to child care programs and families

### GOAL 4

#### Strengthen Healthy Youth Development

In 2021, the U.S. Surgeon General Dr. Vivek Murthy issued an advisory report<sup>7</sup> to highlight the urgent need to address the nation’s youth mental health crisis. This report outlined the pandemic’s unprecedented impacts on the mental health of America’s youth and families, while also reminding the nation that these mental health challenges existed long before the pandemic. In May 2023, the Surgeon General released a supplemental advisory report<sup>8</sup> on social media’s impact on youth mental health. The report highlighted excessive youth use of social media (an average of 3.5 hours per day with more than a third saying they use social media “almost constantly.”).

*The City of Irvine Youth Survey* from 2023 and qualitative research mirrored national trends in youth mental health. The prevalence of mental

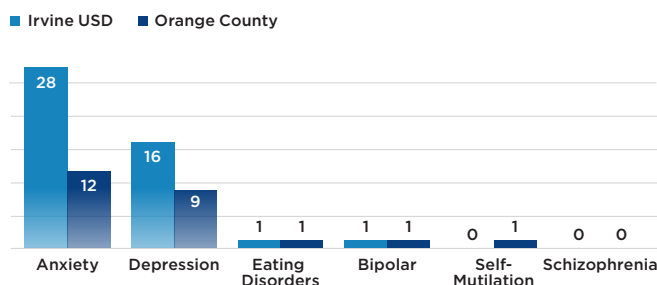
<sup>6</sup> First 5 Association of California. A Whole-Child, Whole-Family Agenda. [https://first5association.org/wpcontent/uploads/2021/04/F5ACA\\_WholeChildAgenda\\_2021\\_3.pdf](https://first5association.org/wpcontent/uploads/2021/04/F5ACA_WholeChildAgenda_2021_3.pdf)

<sup>7</sup> <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

<sup>8</sup> <https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html>

health conditions (anxiety and depression) among Grade 7, 9, and 11 Irvine Unified School District (IUSD) students largely matches national data on the most reported mental health issues in public schools. Chronic sadness and/or hopelessness were highest among females, African American, and Hispanic/Latino students irrespective of grade level.<sup>9</sup> During focus group discussions, City of Irvine middle and high school students cited stress and anxiety, substance use, depression and eating disorders (in descending order) as the most important mental health issues. High school students commented on the highly specific and competitive school environment that requires them to take on a considerable academic and extracurricular load to get into a “good” (i.e., selective) college or university. In those same focus groups, middle and high school students elevated the need for increased access to trained adults and counselors, increased opportunities for peer support, and increased learning and awareness (about how to maintain emotional wellbeing, manage stress, manage conflicts with others, etc.). In addition to youth preferences and needs, key informant interviews with community leaders suggested the need for more family training and educational workshops on child social and emotional development, as well as guidance and resources on mental health.

**Mental Health Conditions Among IUSD and Orange County Students** (Rate per 1,000 Students)



Source: Orange County Department of Education, School Health Nurse Data, 2020-2021 Year End Report.

Goal 4 focuses on opportunities to increase wellness and wellbeing. Per the California *Healthy Kids Survey*, Irvine youth have higher levels of academic motivation, caring adult relationships, meaningful participation, and school connectedness compared to county and state

averages. There’s an appetite for even greater involvement. In the *City of Irvine Youth Survey* (Grades 6-12), at least 70% of youth indicated that they want to be involved and engaged in making Irvine a better place to live, work, play, and go to school. Focus groups with community groups serving children and youth in Irvine rated “social connection and community building” as the top need. The strategies draw on principles of Positive Youth Development (PYD),<sup>10</sup> which are based on the premise that children and youth succeed and thrive when they have access to networks of supportive adults and opportunities for connectedness.

## Strategies and Tactics

### 4.1 Increase Mental and Social Emotional Health & Reduce Risky Behaviors

- Collaborate with the Office of Health & Wellness to effectively and consistently implement prevention and education programs and activities
- Explore increasing the number of School Resource Officers (SROs)
- Explore expansion of the Youth Outreach Division, including SEAMS programs, to all schools from K-12
- Promote healthy social media and digital device use among children and youth

### 4.2 Implement Mentorship, Leadership and Civic Engagement Opportunities

- Explore new and/or the expansion of existing youth and peer-to-peer mentoring programs
- Implement a “Youth in Government” program or Community Services (CS) internship opportunity
- Implement leadership skill development education and programming opportunities

### 4.3 Expand Community Service and Volunteerism

- Explore opportunities to expand the Youth Action Team to district elementary school sites
- Increase outreach to the community regarding volunteer opportunities for underrepresented populations

<sup>9</sup> California Healthy Kids Survey

<sup>10</sup> Lerner, R. M. (2009). “The positive youth development perspective: theoretical and empirical bases of a strengths-based approach to adolescent development,” in *The Oxford Handbook of Positive Psychology*, eds S. J. Lopez and C. R. Snyder (Oxford: Oxford University Press), 149-163.



#### 4.4 Improve Post-Secondary Success

- a. Support the expansion of school district Advancement Via Individualized Determination (AVID) programs
- b. Expand Youth Outreach services for college preparation and career planning
- c. Establish City internal career development resource center with City-based work and internship opportunities

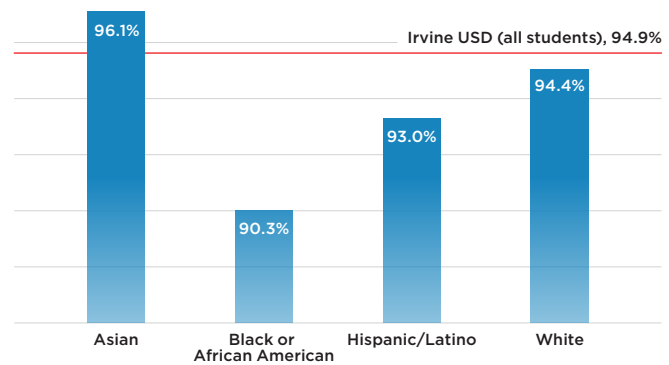
### GOAL 5

#### Support a Safe, Secure and Inclusive Community

A safe, secure, and inclusive community is one where people from diverse backgrounds, identities, and abilities feel welcomed, respected, safe, and valued. This goal focuses on efforts to increase the sense of belonging for all children, youth, and families and to reduce disparities that affect some key populations in the City of Irvine.

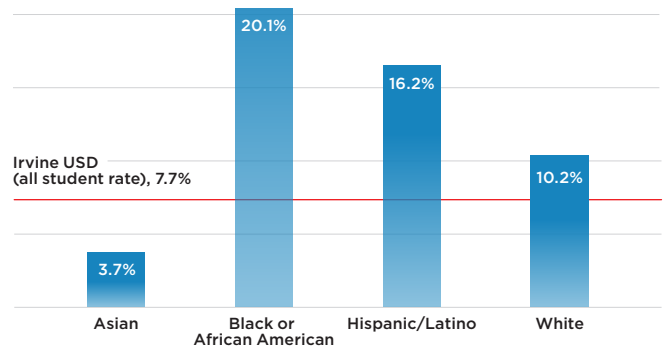
Twenty percent of households enrolled in IUSD are classified as economically disadvantaged. In Irvine, 12 of the 16 schools designated as “Title I schools<sup>11</sup>” are contained within three zip codes – 92604 (4 schools), 92614 (6 schools), and 92620 (2 schools). As is often the case in the United States, there is a high correlation between socioeconomic status and race/ethnicity. Two of the three schools with the highest proportion of African American students in IUSD are also located in the 92614 zip code, with all six schools in this zip code having higher than average representation of Hispanic/Latino students (13%-25% compared to a district average of 12%). This geographic concentration of both poverty and race/ethnicity, along with selected indicators of school performance, shows a consistent pattern of disparity. Whether we look at average rates (2019-2021) of high school graduation rates<sup>12</sup>, college eligibility<sup>13</sup>, chronic absenteeism<sup>14</sup>, or non-stability<sup>15</sup>, there are clear gaps for African American/Black and Hispanic/Latino populations, which represent 2% and 12% of IUSD students, respectively.

#### Graduation Rate 3-Year Average by Race/Ethnicity



Source: California Department of Education, DataQuest

#### Chronic Absenteeism 3-Year Average by Race/Ethnicity



Source: California Department of Education, DataQuest

In the City of Irvine Youth Survey, 12% of middle and high school student respondents self-reported as LGBTQ+. Both that survey and the California *Healthy Kids Survey* show differences in perceptions, experiences, and attitudes of LGBTQ+ youth compared to their peers. For example, LGBTQ+ students were much less likely to report feeling safe at school. LGBTQ+ student survey respondents were also more likely to prioritize needing help with transportation, finding employment, and accessing resources tied to mental health and well-being. LGBTQ+ youth also perceived access to be more difficult for mentoring (peer and adult), as well as meeting to discuss mental health and wellness.

<sup>11</sup> Irvine USD defines Title I schools as those where 20% or more of the student households are eligible for free and reduced priced meals. These 16 IUSD schools receive additional federal funds that are intended to help them close achievement gaps derived from the influence of household poverty. Note: Irvine USD does not allocate Title I funding to high schools.

<sup>12</sup> Percentage of students graduating high school in four years.

<sup>13</sup> Percentage of high school graduates who completed the entire sequence of A-G courses with a letter grade of C or better and, therefore, were eligible for entrance to both the University of California (UC) and California State University (CSU) systems, as well as other public and private colleges and universities nation-wide.

<sup>14</sup> Percentage of students missing 10% or more of the school year. For a typical 180-day instructional year, a student would be coded as chronically absent by missing 18 or more days of school.

<sup>15</sup> Percentage of students who were enrolled at the start of the school year (census is typically taken in early October) but changed schools or moved outside the district sometime during the school year. This indicator is a proxy for household mobility, often tied to socioeconomic factors.



Students with disabilities (SWD) represent about 9% of IUSD's students, a percentage that is comparable to statewide averages. This population of students represents a wide range or continuum of physical and learning disabilities from mild (e.g., dyslexia) to moderate (e.g., Attention Deficit Hyperactivity Disorder) to severe (e.g., individuals classified as emotionally disturbed). With respect to educational performance, SWD typically exhibited the second or third largest achievement gaps of the populations examined.



Goal 5 highlights efforts both citywide and more targeted efforts to create a safe, secure, and inclusive community. The plan includes initiatives to promote diversity and ensure equitable access to resources and opportunities for everyone. Strategies and tactics aim to establish programs that support underserved groups, create safe spaces for dialogue, foster an environment where cultural differences are celebrated, and promote initiatives that encourage neighborly interactions. Additionally, providing accessible resources and opportunities for engagement, such as community centers, local groups, and volunteer activities helps build relationships and a shared identity. The strategies also consider how to allocate staff and programmatic resources to support areas and populations with high concentrations of needs and how to create safe, welcoming spaces for learning, recreation, and exploration. By providing training and resources for City staff and community members on issues of equity and inclusion, we are dedicated to creating a welcoming atmosphere for all individuals in our community.

## Strategies and Tactics

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### 5.1 Increase the Sense of Belonging

- a. Utilize community centers as venues for community engagement
  - b. Support events that foster community pride and belonging
  - c. Empower and provide resources for families to host neighborhood events that promote engagement and connection
  - d. Design a public education campaign to promote engagement and social development among families with young children in their own neighborhoods
- 

### 5.2 Expand Multilingual Outreach and Support

- a. Explore models of education and public awareness in multiple languages
  - b. Establish partnerships for effective education and public awareness of City resources at faith-based or cultural centers
  - c. Expand staff translator or multilingual program
- 

### 5.3 Prioritize Spaces, Services and Programming for Underserved Populations

- a. Allocate and/or increase staff resources to serve targeted neighborhoods and specific populations
  - b. Establish partnership with school district McKinney Vento programs to support accessible programming
- 

### 5.4 Support City-wide Inclusivity and Equity Efforts

- a. Link underserved communities to available resources
- b. Develop training model to equip staff in supporting underserved communities
- c. Explore cross-sectional staffing models to include Disability Service Aides at community centers

# Conclusion

The Strategic Plan for Children, Youth, and Families (2025-2030) outlines strategies and tactics along five critical goal areas. It also includes the five key principles that define what the City – both Community Services and the Office of Health and Wellness – is well positioned to lead. Together, these serve to define the City’s approach to promoting the health and development of children, youth, and families.

In an effort to remain responsive and relevant to the diverse and changing needs of Irvine’s children, youth, and family population, the City will conduct ongoing reviews as well as process and impact evaluations. For more information about the Strategic Plan for Children, Youth, and Families, please contact the City of Irvine’s, Community Services Superintendent.

---

# Acknowledgements

Thank you to the members of the Irvine Children, Youth and Families Advisory Committee (ICYFAC) for your leadership in this planning process. The ICYFAC members brought knowledge, dedication, and community voice to this process. Thank you for your ongoing support for the City’s children, youth, and family-related initiatives.

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Appendix A

# Strategic Plan Summary



## Appendix A. Strategic Plan Summary

### GOAL 1

#### Enhance Cross Sectional and Interdepartmental Engagement

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- Strategy 1.1** Develop Models to Support Navigation Services
- Strategy 1.2** Establish a Mental Health Collaborative

### GOAL 2

#### Reduce Health Disparities

---

- Strategy 2.1** Provide Support to Families in Need
- Strategy 2.2** Increase Community Outreach and Education
- Strategy 2.3** Explore Development of Youth Outreach Wellness Center or Teen Center

### GOAL 3

#### Support Healthy Child Development and Increase Readiness for School

---

- Strategy 3.1** Improve the Social and Emotional Wellbeing of Young Children and Their Families
- Strategy 3.2** Support the Development of a Stronger Child Care Workforce
- Strategy 3.3** Increase Access to Quality Early Learning Opportunities

### GOAL 4

#### Strengthen Healthy Youth Development

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- Strategy 4.1** Increase Mental and Social Emotional Health & Reduce Risky Behaviors
- Strategy 4.2** Implement Mentorship, Leadership, and Civic Engagement Opportunities
- Strategy 4.3** Expand Community Service and Volunteerism
- Strategy 4.4** Improve Post-Secondary Success

### GOAL 5

#### Support a Safe, Secure and Inclusive Community

---

- Strategy 5.1** Increase the sense of belonging
- Strategy 5.2** Expand Multilingual Outreach and Support
- Strategy 5.3** Prioritize Spaces, Services, and Programming for Underserved Populations
- Strategy 5.4** Support City-wide Inclusivity and Equity Efforts





## Appendix B

# Summary of Stakeholder Outreach Engagement



## Appendix B. Summary of Stakeholder Outreach Engagement

Forum	Total	Stakeholders
<b>City Leadership Meetings</b>	3	<ul style="list-style-type: none"> <li>• Councilmember Larry Agran</li> <li>• City Manager, Oliver Chi</li> <li>• Assistant City Manager, Brian King</li> </ul>
<b>Focus Groups*</b>	10	<p>Included representatives from the following organizations:</p> <ul style="list-style-type: none"> <li>• Students (Middle and High School) (240 students, grades 6-12)</li> <li>• Healthcare Providers (including Children’s Hospital Los Angeles, Children’s Hospital of Orange County, Illumination Foundation, Memorial Care Health System, UCI Department of Emergency Medicine, UCI School of Nursing, UCI Student Health Center)</li> <li>• Irvine Child Care Committee</li> <li>• Irvine Families with Young Children</li> <li>• Community Services Staff</li> <li>• Other City Departments</li> <li>• Community-based Organizations (including Access California Services, Boys &amp; Girls Clubs of Central Orange Coast, Center for Asian Americans in Action, Crean Lutheran High School, Ektaa Center, Irvine Public Schools Foundation, Love Irvine, Team Kids)</li> <li>• Faith-based/Cultural Leaders</li> <li>• Parents of Children with Special Needs</li> </ul>
<b>Town Halls</b>	3	<ul style="list-style-type: none"> <li>• Students</li> <li>• Community Members (2)</li> </ul>
<b>Interviews and Meetings</b>	10	<p>Including representatives from the following organizations:</p> <ul style="list-style-type: none"> <li>• UCI Student Wellness &amp; Health Promotion</li> <li>• IUSD Representatives (including Superintendent, Assistant Superintendent, Director of Student Supports, Director of Secondary Education, Director of Elementary Education, Director of Education Equity Diversity and Inclusion, Coordinator of Health Services, Director of Special Education)</li> <li>• Tustin Unified School District</li> </ul>
<b>City of Irvine Youth Survey</b>	1,856	<ul style="list-style-type: none"> <li>• Middle and high school students (grades 6-12)</li> </ul>
<b>City of Irvine Community Survey</b>	554	<ul style="list-style-type: none"> <li>• Adults living and/or working in the City of Irvine</li> </ul>



## Appendix C

# Implementation Matrix





## Appendix C. Implementation Matrix

GOAL 1: Enhance Cross Sectional and Interdepartmental Engagement			
	YEAR 1	YEAR 2	YEAR 3
<b>STRATEGY 1:</b> Develop Models to Support Navigation Services	<b>TACTIC 1:</b> Establish a City-wide navigation system with area expert navigators	<b>TACTIC 2:</b> Link Community Services Department resources to City-wide navigation system	<b>TACTIC 3:</b> Utilize existing Community Centers as resource hubs
<b>STRATEGY 2:</b> Establish a Mental Health Collaborative	<b>TACTIC 1:</b> Host quarterly mental health collaborative meetings  <b>TACTIC 2:</b> Explore inclusion of key community partners		
GOAL 2: Reduce Health Disparities			
	YEAR 1	YEAR 2	YEAR 3
<b>STRATEGY 1:</b> Provide Support to Families in Need	<b>TACTIC 1:</b> Assess need to expand and/or create new programs related to housing, food security, health and mental care, transportation and education	<b>TACTIC 2:</b> Increase access to programs that impact Social Drivers of Health (such as financial, education, mental & physical health)	<b>TACTIC 3:</b> Establish City of Irvine Family Resource Center
<b>STRATEGY 2:</b> Increase Community Outreach and Education		<b>TACTIC 1:</b> Develop accessible public awareness outreach strategies to inform Irvine children, youth and families in areas where they live, work, and play	
<b>STRATEGY 3:</b> Explore Development of Youth Outreach Wellness Center or Teen Center		<b>TACTIC 1:</b> Identify possible existing facilities that could support this function  <b>TACTIC 2:</b> Identify potential operating model to support health, wellness, and development	

## GOAL 3: Support Healthy Child Development and Increase Readiness for School

	YEAR 1	YEAR 2	YEAR 3
<p><b>STRATEGY 1:</b> Improve the Social and Emotional Wellbeing of Young Children and Their Families</p>	<p><b>TACTIC 1:</b> Increase parents and families understanding of child development, particularly the connection between social and emotional development and behavior and mental health, by dissemination of public awareness and education materials</p>	<p><b>TACTIC 2:</b> Expand awareness of parent education opportunities and other support services for children and families</p>	
<p><b>STRATEGY 2:</b> Support the Development of a Stronger Child Care Workforce</p>		<p><b>TACTIC 1:</b> Build community awareness of the value of the early childhood education workforce</p> <p><b>TACTIC 2:</b> Identify professional development needs and work with community partners to provide or connect to training opportunities for early learning professionals</p> <p><b>TACTIC 3:</b> Provide training opportunities to City recreation staff and external family, friend and neighbor child care providers</p>	
<p><b>STRATEGY 3:</b> Increase Access to Quality Early Learning Opportunities</p>	<p><b>TACTIC 1:</b> Expand supplemental early learning opportunities in public spaces and community locations frequented by families with young children</p>	<p><b>TACTIC 2:</b> Provide training to licensed child care centers and family child care homes on County subsidy programs</p>	<p><b>TACTIC 3:</b> Increase collaborations between early childhood education programs and community partners that provide mental health and behavioral supports to child care programs and families</p>

## GOAL 4: Strengthen Healthy Youth Development

	YEAR 1	YEAR 2	YEAR 3
<p><b>STRATEGY 1:</b> Increase Mental and Social Emotional Health &amp; Reduce Risky Behaviors</p>	<p><b>TACTIC 1:</b> Collaborate with the Office of Health &amp; Wellness to effectively and consistently implement prevention and education programs and activities</p>	<p><b>TACTIC 2:</b> Explore increasing the number of School Resource Officers (SROs)</p>	
	<p><b>TACTIC 3:</b> Explore expansion of the Youth Outreach Division, including SEAMS programs, to all schools from K-12</p>		
	<p><b>TACTIC 4:</b> Promote healthy social media and digital device use among children and youth</p>		
<p><b>STRATEGY 2:</b> Implement Mentorship, Leadership and Civic Engagement Opportunities</p>	<p><b>TACTIC 1:</b> Explore new and/or the expansion of existing youth and peer to peer mentoring programs</p>	<p><b>TACTIC 2:</b> Implement a Youth in Government program or Community Services (CS) internship opportunity</p>	
		<p><b>TACTIC 3:</b> Implement leadership skill development education and programming opportunities</p>	
<p><b>STRATEGY 3:</b> Expand Community Service and Volunteerism</p>	<p><b>TACTIC 1:</b> Explore opportunities to expand the Youth Action Team to district elementary school sites</p>	<p><b>TACTIC 2:</b> Increase outreach to the community regarding volunteer opportunities for underserved populations</p>	
<p><b>STRATEGY 4:</b> Improve Post-Secondary Success</p>	<p><b>TACTIC 1:</b> Support the expansion of school district Advancement Via Individualized Determination (AVID) programs</p>	<p><b>TACTIC 2:</b> Expand Youth Outreach services for college preparation and career planning.</p>	<p><b>TACTIC 3:</b> Establish City internal career development resource center with City-based work and internship opportunities</p>

## GOAL 5: Support a Safe, Secure, and Inclusive Community

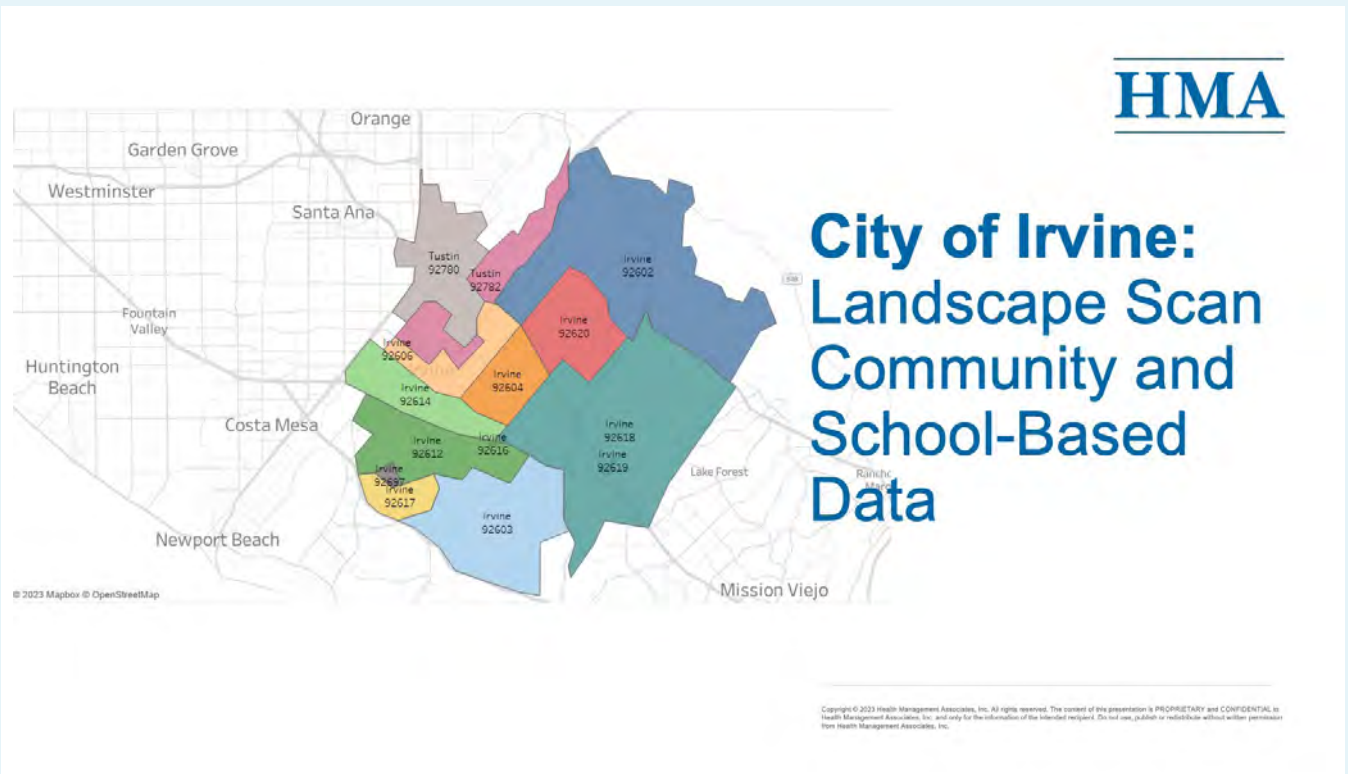
	YEAR 1	YEAR 2	YEAR 3
<p><b>STRATEGY 1:</b> Increase the sense of belonging</p>	<p><b>TACTIC 1:</b> Utilize Community Centers as venues for community engagement</p> <p><b>TACTIC 2:</b> Support events that foster community pride and belonging</p>	<p><b>TACTIC 4:</b> Design a public education campaign to promote engagement and social development among families with young children in their own neighborhoods</p>	<p><b>TACTIC 3:</b> Empower and provide resources for families to host neighborhood events that promote engagement and connection</p>
<p><b>STRATEGY 2:</b> Expand Multilingual Outreach and Support</p>	<p><b>TACTIC 1:</b> Explore models of education and public awareness in multiple languages</p>	<p><b>TACTIC 2:</b> Establish partnerships for effective education and public awareness of City resources at faith based or cultural centers</p>	<p><b>TACTIC 3:</b> Expand staff translator or multilingual program</p>
<p><b>STRATEGY 3:</b> Prioritize Spaces, Services and Programming for Underserved Populations</p>	<p><b>TACTIC 2:</b> Establish partnership with school district McKinney Vento programs to support accessible programming</p>		<p><b>TACTIC 1:</b> Allocate and/or increase staff resources to serve targeted neighborhoods and specific populations</p>
<p><b>STRATEGY 4:</b> Support City-wide Inclusivity and Equity Efforts</p>	<p><b>TACTIC 1:</b> Link underserved communities to available resources</p> <p><b>TACTIC 3:</b> Explore cross-sectional staffing models to include Disability Service Aides at Community Centers</p>	<p><b>TACTIC 2:</b> Develop training model to equip staff in supporting underserved communities</p>	

Appendix D

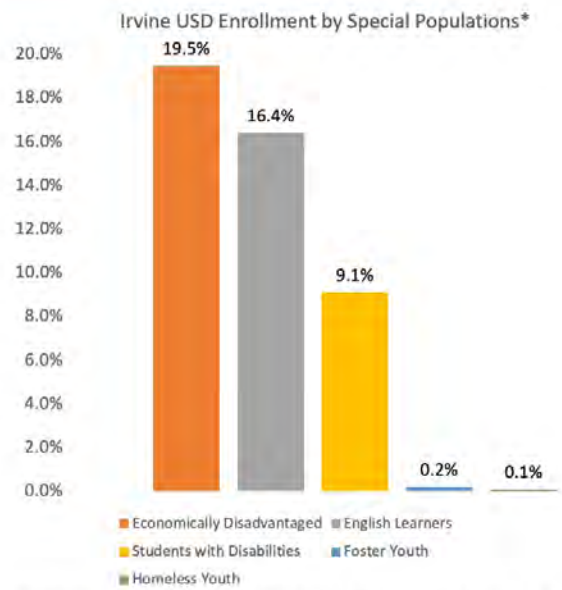
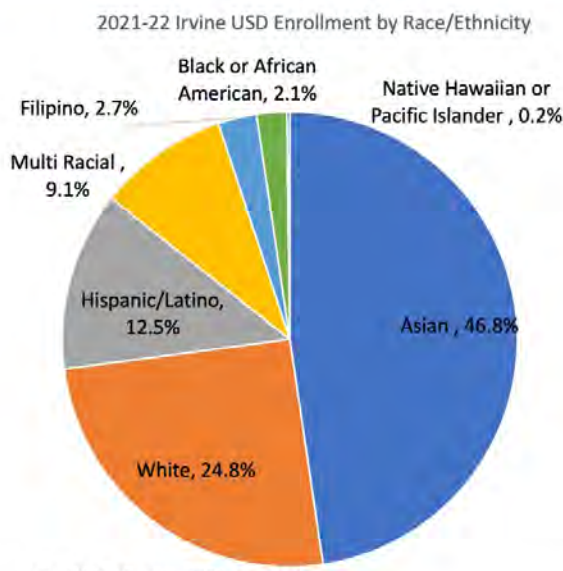
# Landscape Scan Data



## Appendix D. Landscape Scan Data

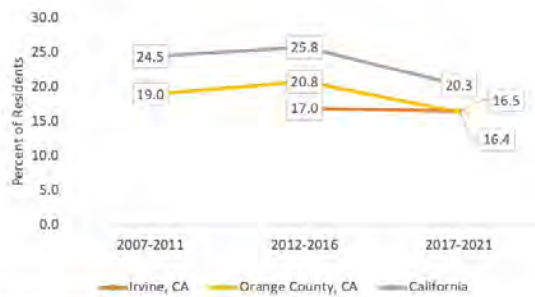


### 2021-2022 IUSD ENROLLMENT BREAKDOWNS



## ECONOMIC WELL-BEING: POVERTY AND MEDIAN HOUSEHOLD INCOME

Chart 5: Individuals in families that are below 150% of the federal poverty level (FPL), past 12 months income



Source: U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

**Finding 1:**

- The percent of Irvine residents living below 150% of the FPL in 2017-2021 was similar to Orange County.
- Rates in Orange County and California have decreased since 2012-2016, while Irvine rates have remained stable since 2012-2016.

Chart 6: Median Household Income in the Past 12 months



Source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

**Finding 2:**

- Median household income increased (significantly) in California and Orange County, while it remained stable (nonsignificant 8% increase) in Irvine.
- The percent increase in household income between 2012-2016 and 2017-2021 by geography was:
  - California: 17%
  - Orange County: 14%
  - Irvine: 8%

## HARDSHIP INDEX

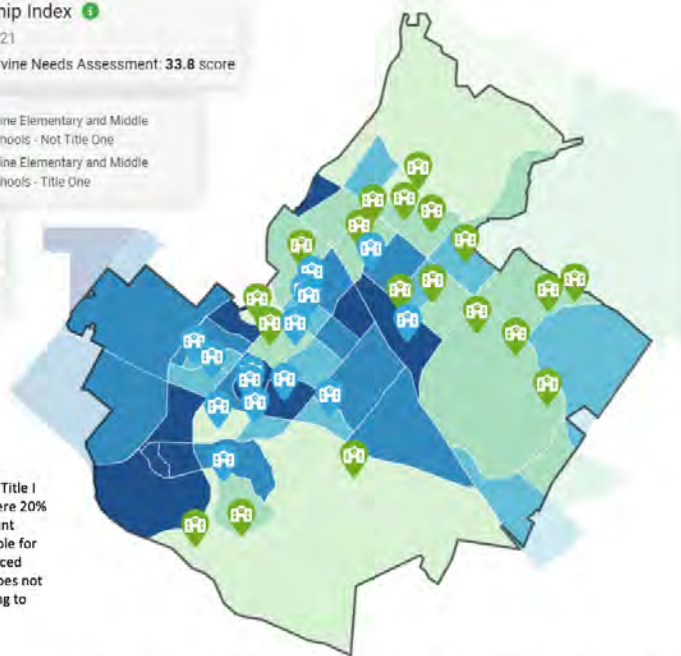
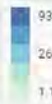
The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship).

It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies.

It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes.

Hardship Index 2017-2021  
City of Irvine Needs Assessment: 33.8 score

- Irvine Elementary and Middle Schools - Not Title One
- Irvine Elementary and Middle Schools - Title One



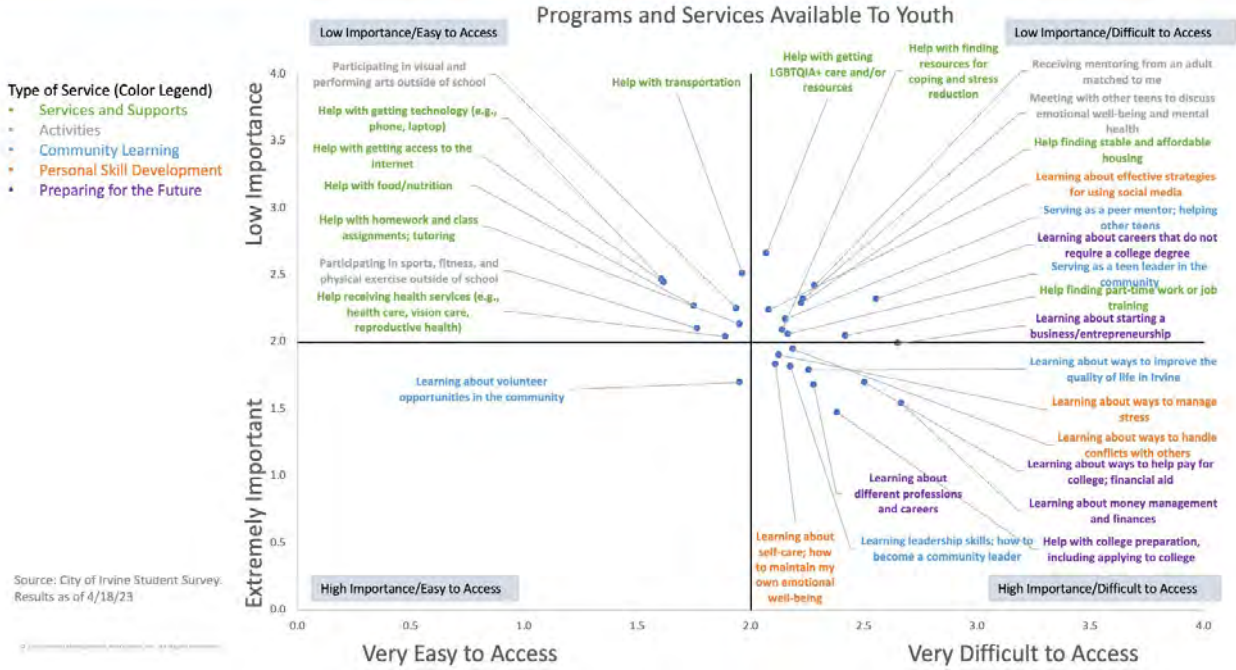
\* Irvine USD defines Title I schools as those where 20% or more of the student households are eligible for free and reduced priced meals. Irvine USD does not allocate Title I funding to high schools.

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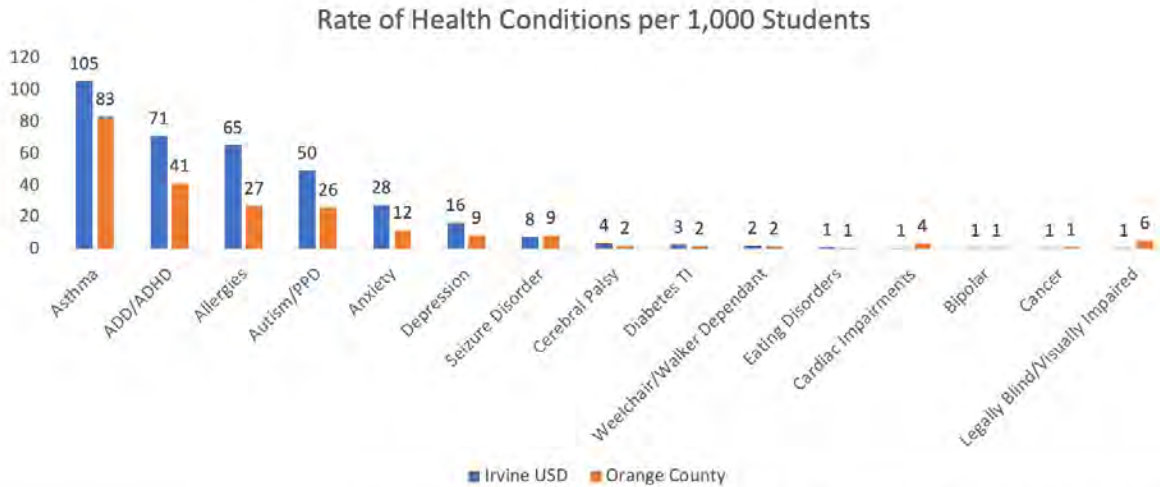
Source: American Community Survey, 2016-2020, 5-Year Estimates, Table C17002. Index Developed by Richard P. Nathan and Charles F. Adams, Jr. of the Brookings Institution, 1976.



# YOUTH PERCEPTIONS OF ACCESS TO PROGRAMS AND SERVICES



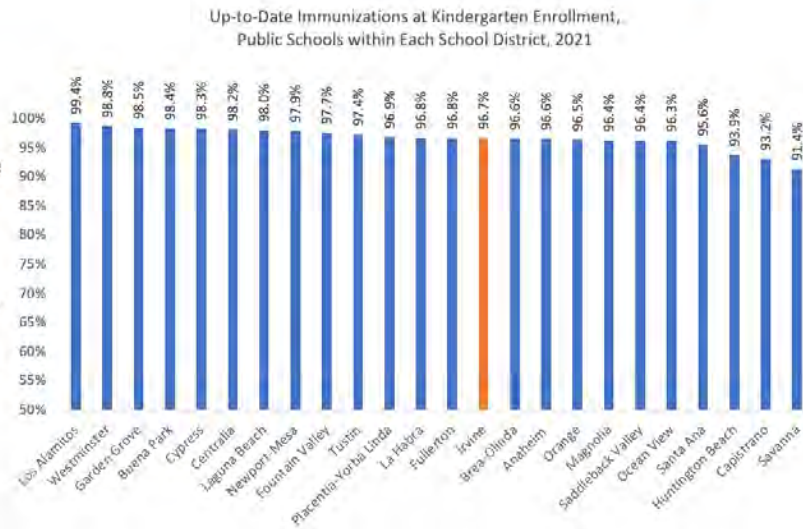
# HEALTH CONDITIONS AMONG STUDENTS



Source: Orange County Department of Education, School Health Nurse Data, 2020-2021 Year End Report.

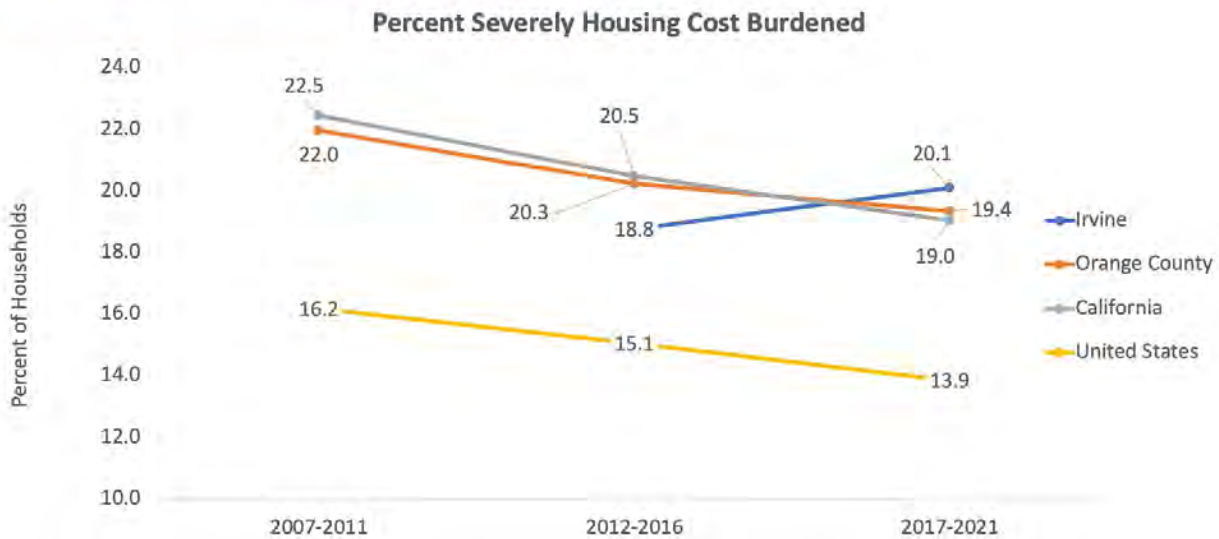
## IMMUNIZATIONS

- In 2021, 96.3% of OC kindergartners had up-to-date immunizations, an 8.6% increase from the 10-year low of 88.7% in 2013.
- Irvine had a higher rate at 96.7% compared to OC. It was ranked 14<sup>th</sup> among the 24 public school districts in OC.



Source: Kindergarten Assessment Results, California Department of Health Services, Immunization Branch

## SEVERE HOUSING COST BURDEN



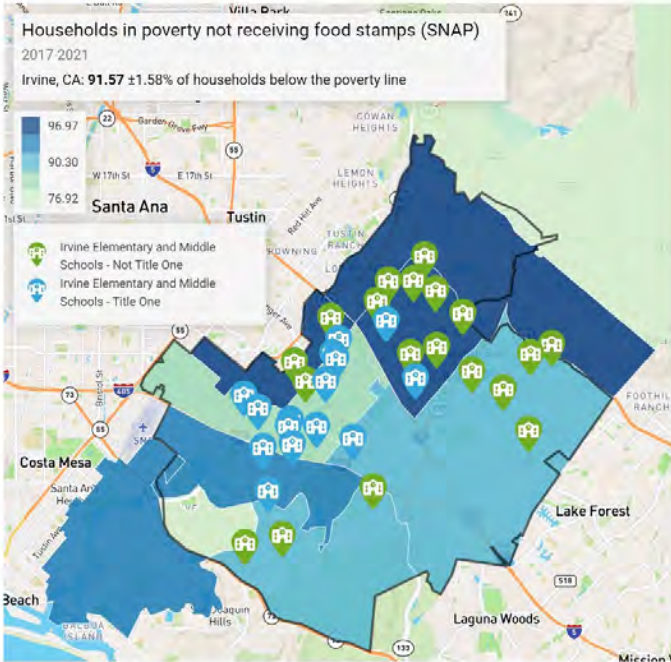
Definition of "Severe Housing Cost Burden": Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs).

Source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

## Support for Low-Income Households

Percent of Households in Poverty Not receiving Food Stamps (CalFresh)		
	Irvine	California
2007-2011	95.2	74.3
2012-2016	87.7	67.7
2017-2021	91.6	69.6

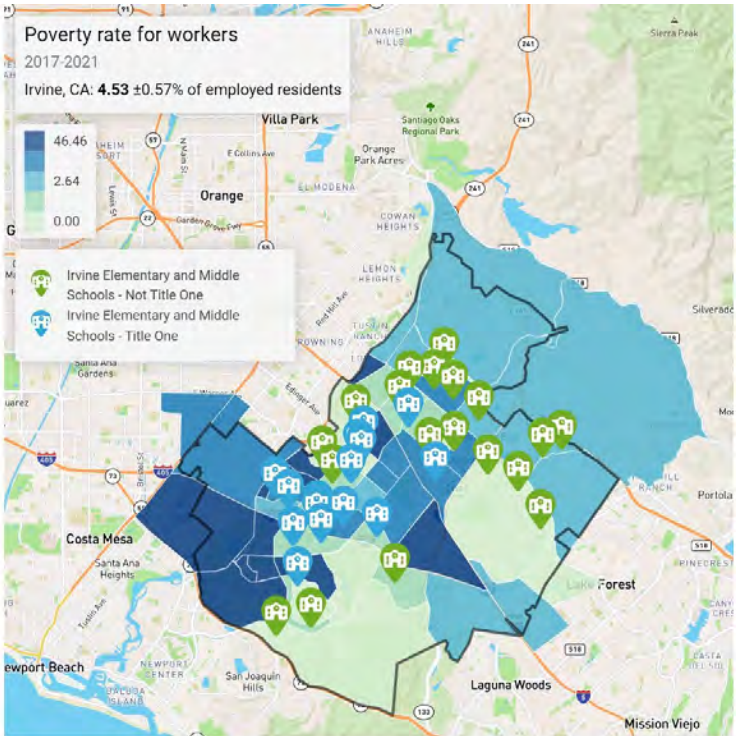
Source: U.S. Census Bureau: American Community Survey (ACS) (Table B22003)



## Support for Low-Income Households

- » 4.5% of currently employed residents 16 and over living in Irvine are also living in poverty.
- » This is significantly lower compared to California; however, there is geographic disparity within the City of Irvine where employed residents are significantly more likely to be living in poverty.

Source: U.S. Census Bureau: American Community Survey (ACS) (Table B17005)





# WELCOME STATION

## IRVINE FAST FACTS

- Covers nearly 66 square miles
- Approximately 309,031 residents and 4,689 people per square mile
- More than 1/3 of the city is preserved as parks, natural open space and trails
- Consistently ranks highly in national indexes for best places to raise a family, fiscal strength, best cities for livability and active retirement

Sources: U.S. Census Bureau, QuickFacts, July 1, 2022; Greater Irvine Chamber of Commerce: <https://www.destinationirvine.com/media/fact-sheet/>; City of Irvine website: <https://www.cityofirvine.org/about-irvine/demographics>

## AGE

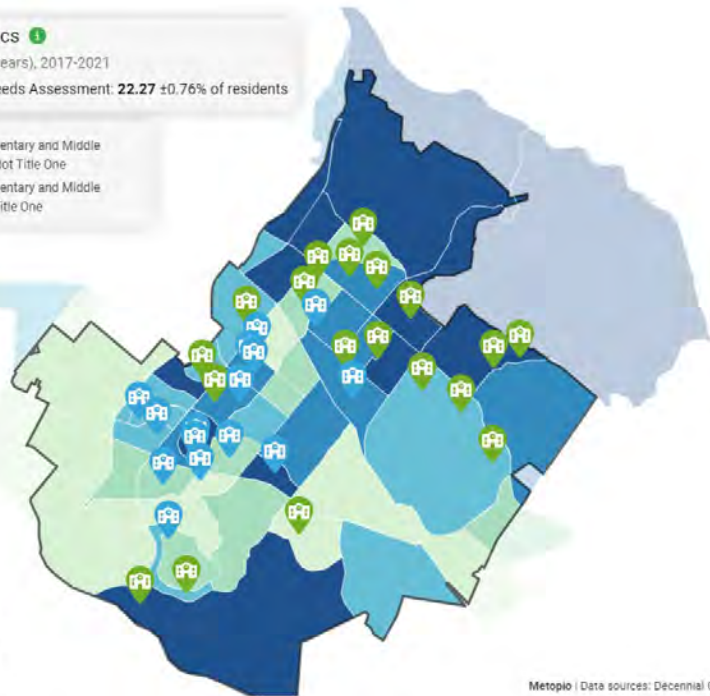
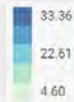
### Demographics

Children (0-17 years), 2017-2021

City of Irvine Needs Assessment: **22.27** ±0.76% of residents

Irvine Elementary and Middle Schools - Not Title One

Irvine Elementary and Middle Schools - Title One



Title I schools indicates a school with a higher percentage of low-income households. In Irvine USD, this means schools at or above 20% low income based on eligibility for Free and Reduced Meals

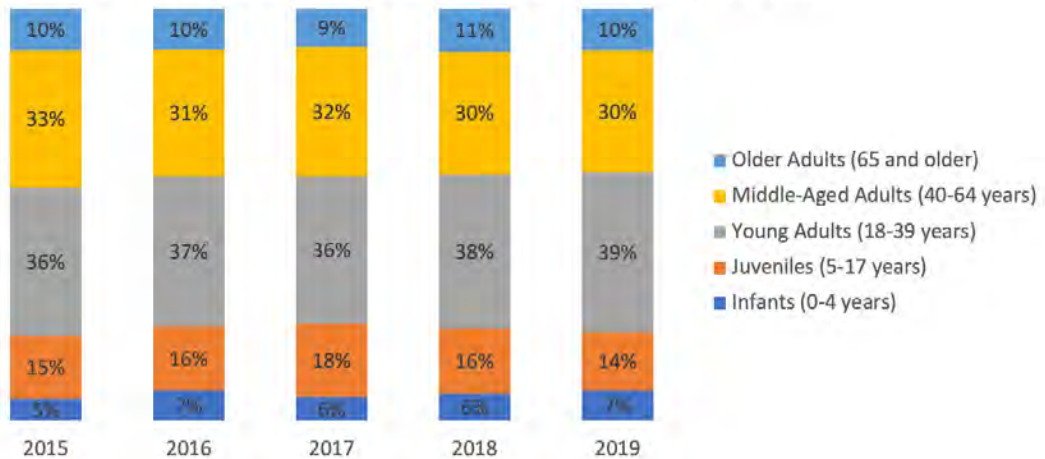
1 mi

Metopio | Data sources: Decennial Census

Source: American Community Survey, 2016-2020, 5-year estimates, Table B01002.

## AGE

Percent of the Population by Age Group in the City of Irvine, 2015 to 2019

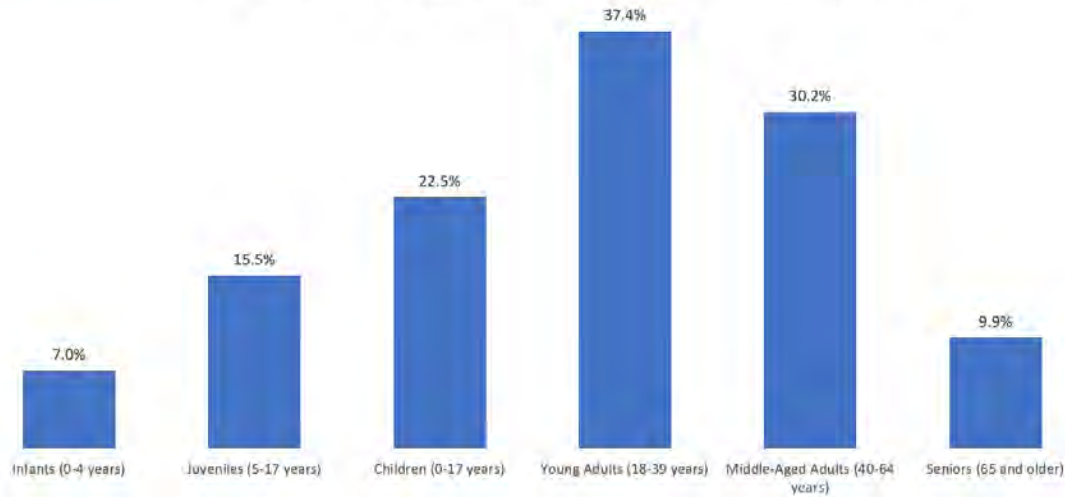


Source: American Community Survey, 2015 to 2019 1-Year Estimates, Table B01001.

Source: American Community Survey, 2016-2020, 5-Year Estimates, Table B01002.

## AGE

Population by Age Group in the City of Irvine, 2016-2020



Source: American Community Survey, 2016-2020 5-Year Estimates, Table B01001

## CRIME PREVALENCE

Crime Report by the Irvine Police Department, 2011-2021



This chart provides the volume of violent crime (murder and nonnegligent manslaughter, rape, robbery, and aggravated assault) and property crime (burglary, larceny-theft, and motor vehicle theft) as reported by city and town law enforcement agencies (listed alphabetically by state) that contributed data to the UCR Program. (Note: Arson is not included in the property crime total in this chart; however, if complete arson data were provided, it will appear in the arson column.)

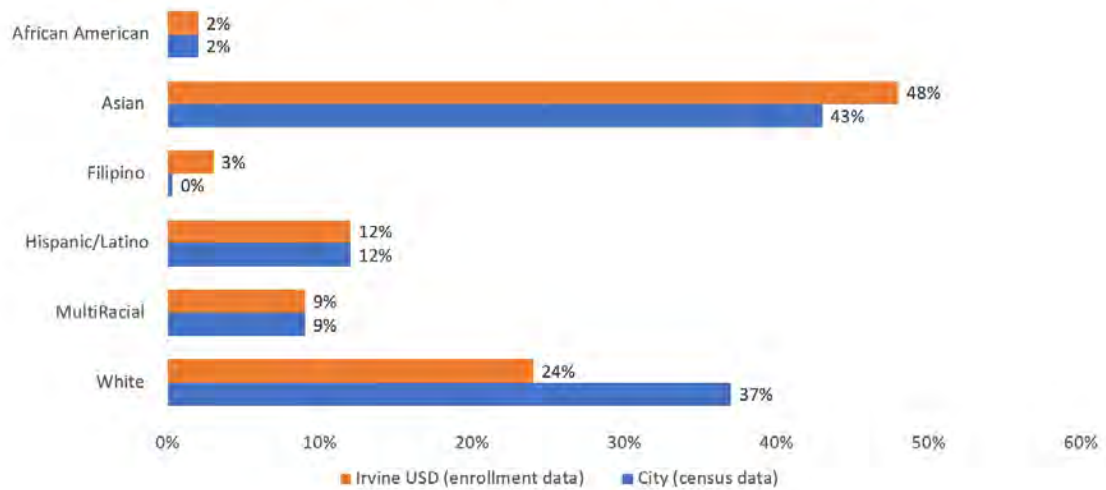
Crimes are not necessarily cleared in the year they occur. An offense is cleared by arrest, or solved for crime reporting purposes.

Little or no data may be the result of an agency not participating, reporting zero incidents, changes in reporting, or being "covered by" another agency. In addition, classification, organization, and the hierarchy of agencies can vary by state.

Source: Reported Summary Reporting System (SRS) data from Irvine Police Department

## IRVINE POPULATION BY RACE AND ETHNICITY

Irvine Population by Race and Ethnicity:  
Student Enrollment and City Census, 2022-2023



Sources: U.S. Census estimates 2022; California Department of Education (Data Quest) based on 2022-23 student enrollment

## LANGUAGE

### Most common home languages of English Learners in Irvine USD (2022)

- Mandarin (26.5%)
- Korean (14.4%)
- Spanish (10.1%)
- Japanese (8.8%)
- Farsi (8.2%)
- Arabic (7.9%)
- Russian (5.6%)

Source: California Department of Education, DataQuest

## POVERTY RATE

Individuals in families that are below 150% of the federal poverty level (FPL), past 12 months of income



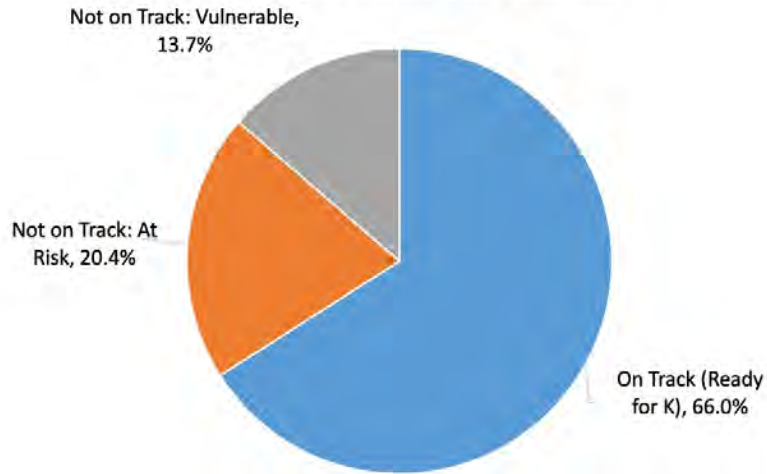
Source: American Community Survey, 2016-2020, 5-Year Estimates, Table C17002.

# EARLY CHILDHOOD



# KINDERGARTEN READINESS

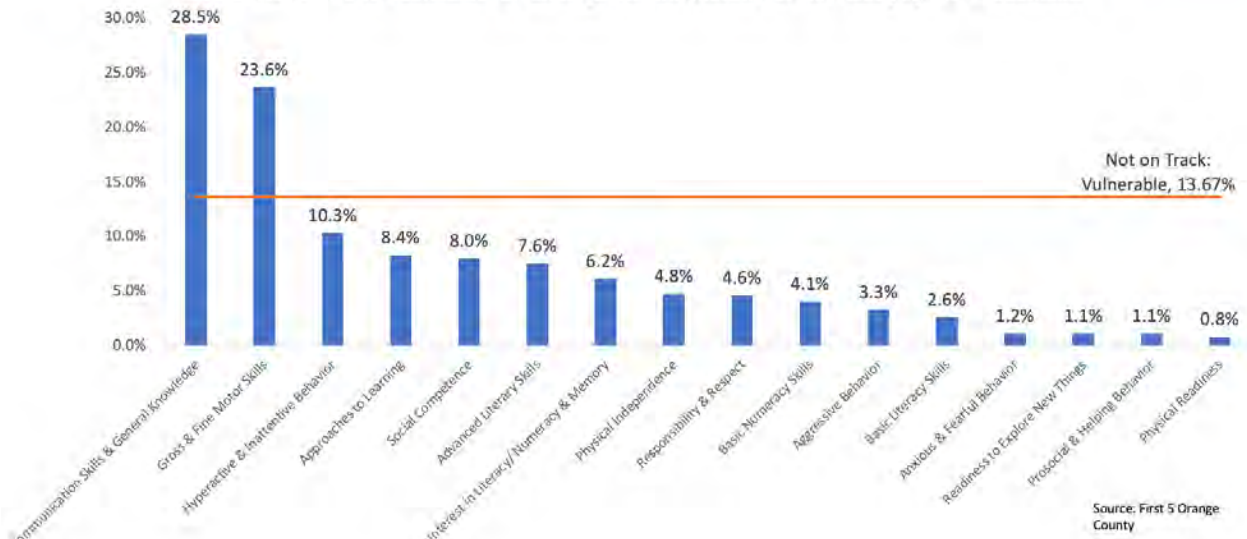
2022 Status of Kindergarten Readiness



Source: First 5 Orange County

# KINDERGARTEN READINESS BY DOMAIN

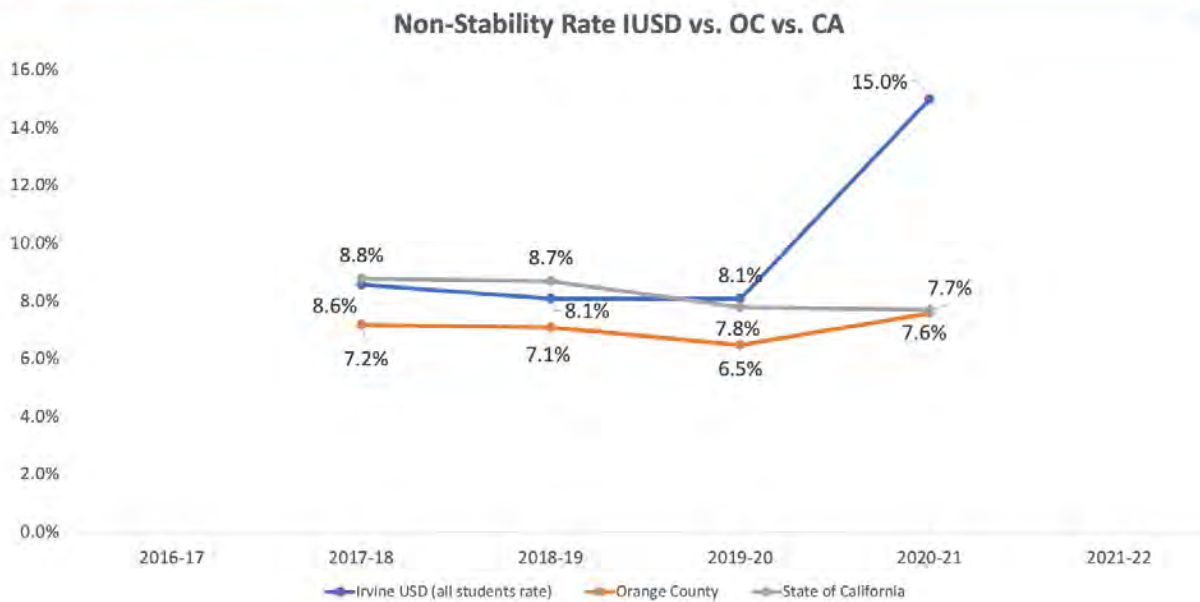
Overall Not on Track: Vulnerable for Kindergarten and reasons for Not Ready by the subdomains



Source: First 5 Orange County

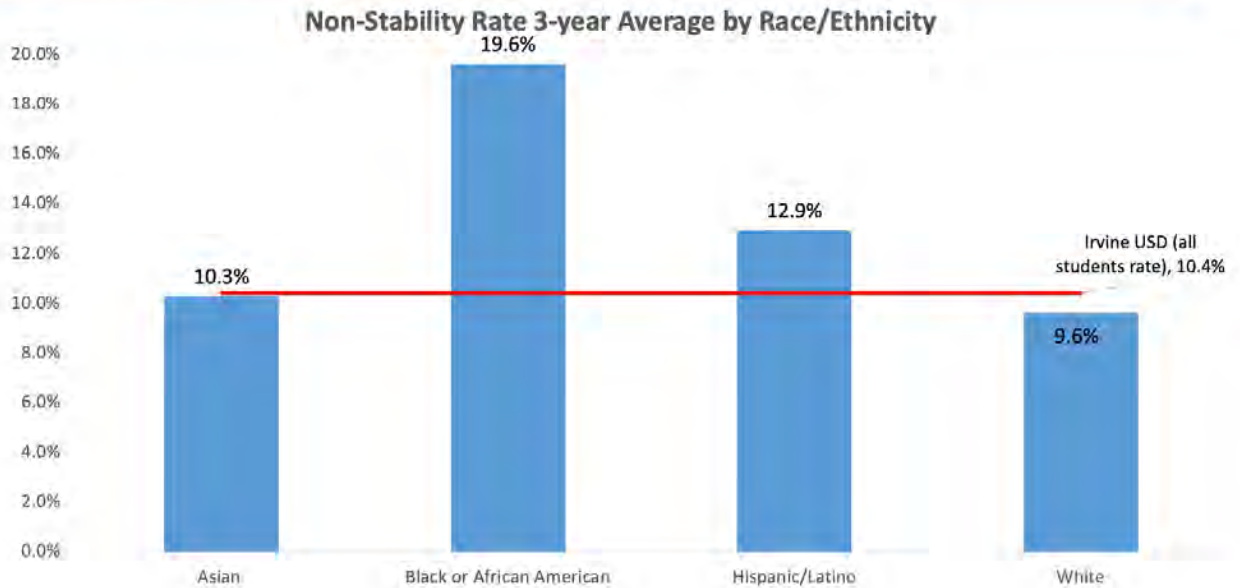
# SUPPORTIVE SERVICES FOR CHILDREN, YOUTH AND FAMILY

## NON-STABILITY RATE



Source: California Department of Education, DataQuest

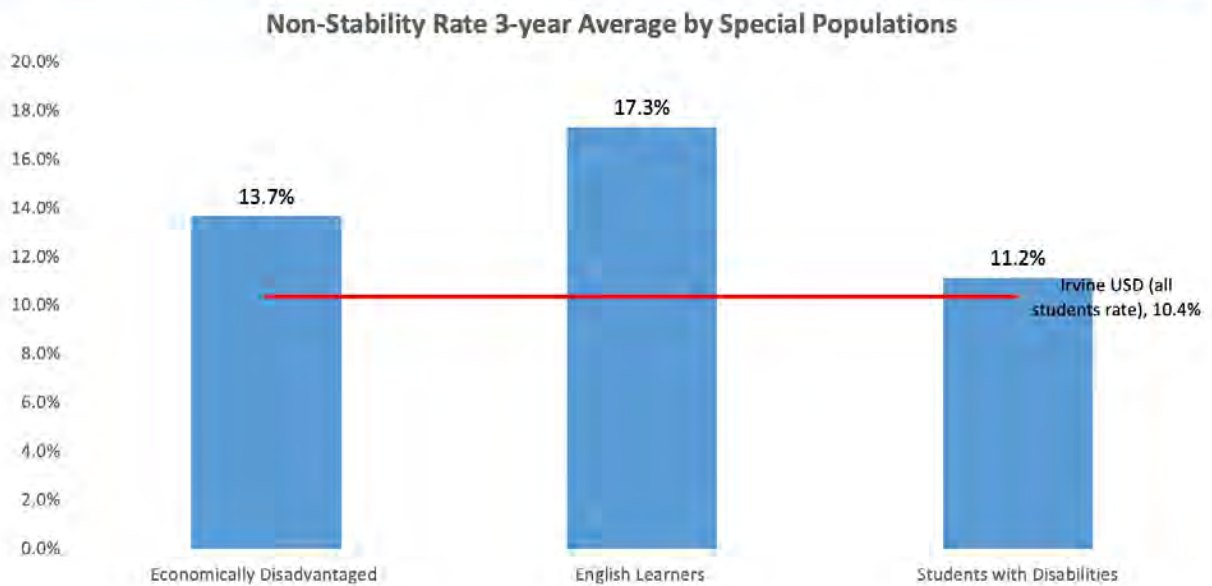
## NON-STABILITY RATE



Source: California Department of Education, DataQuest

28

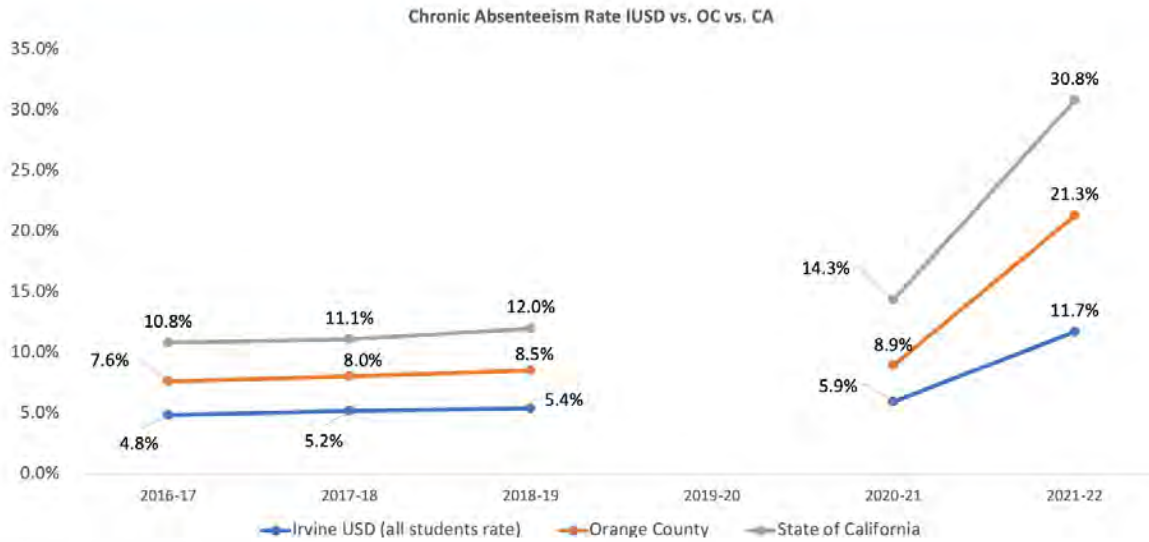
## NON-STABILITY RATE



Source: California Department of Education, DataQuest

29

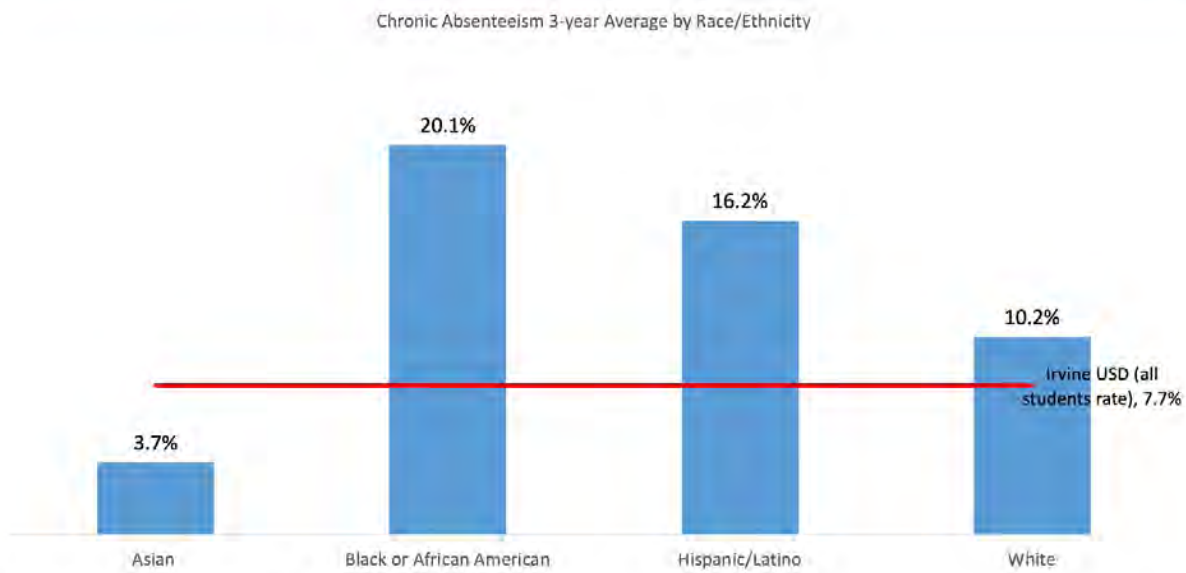
## CHRONIC ABSENTEEISM



Source: California Department of Education, DataQuest

77

## CHRONIC ABSENTEEISM

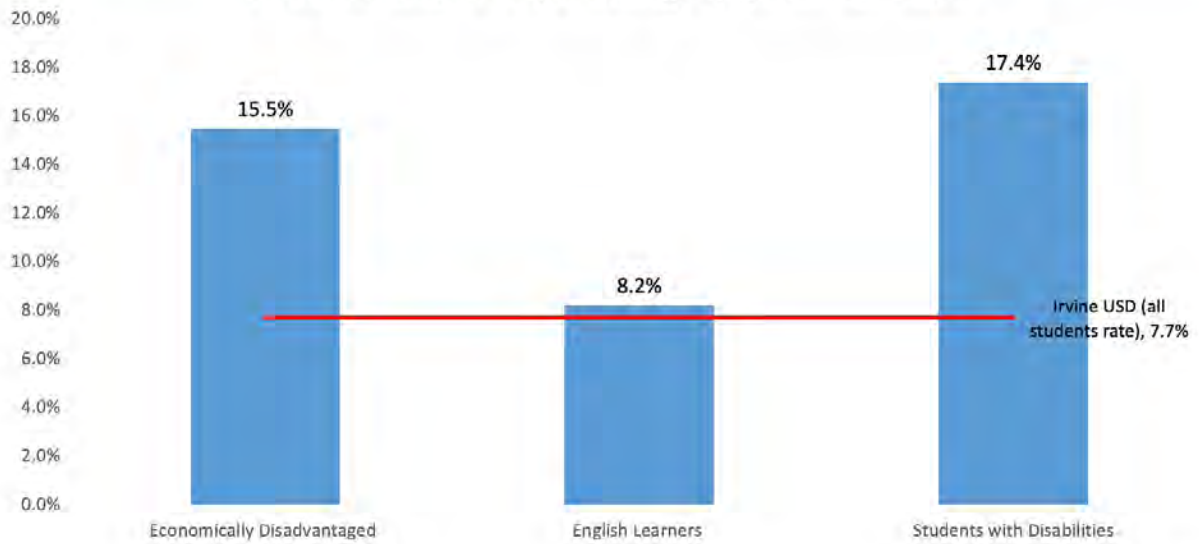


Source: California Department of Education, DataQuest

78

## CHRONIC ABSENTEEISM

Chronic Absenteeism 3-year Average by Special Populations

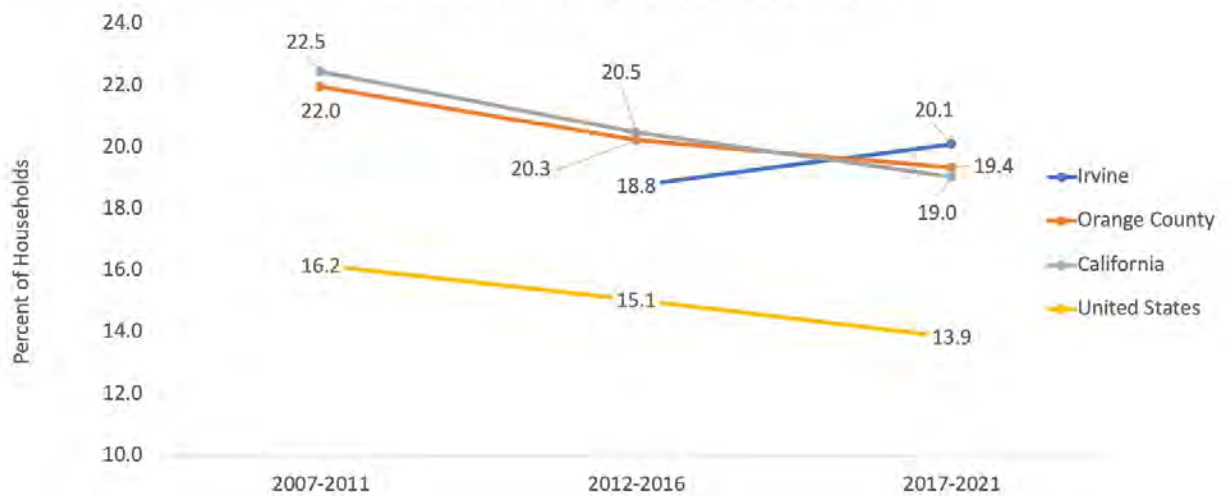


Source: California Department of Education, DataQuest

29

## SEVERE HOUSING COST BURDEN

Percent Severely Housing Cost Burdened



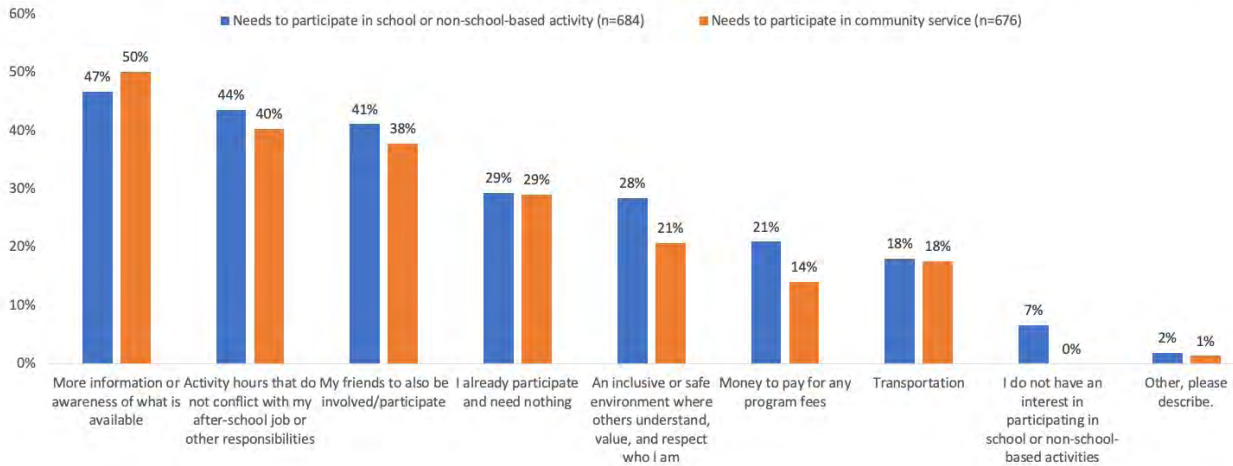
Definition of "Severe Housing Cost Burden": Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs).

Source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)



## NEEDS TO SUPPORT STUDENT PARTICIPATION IN ACTIVITIES

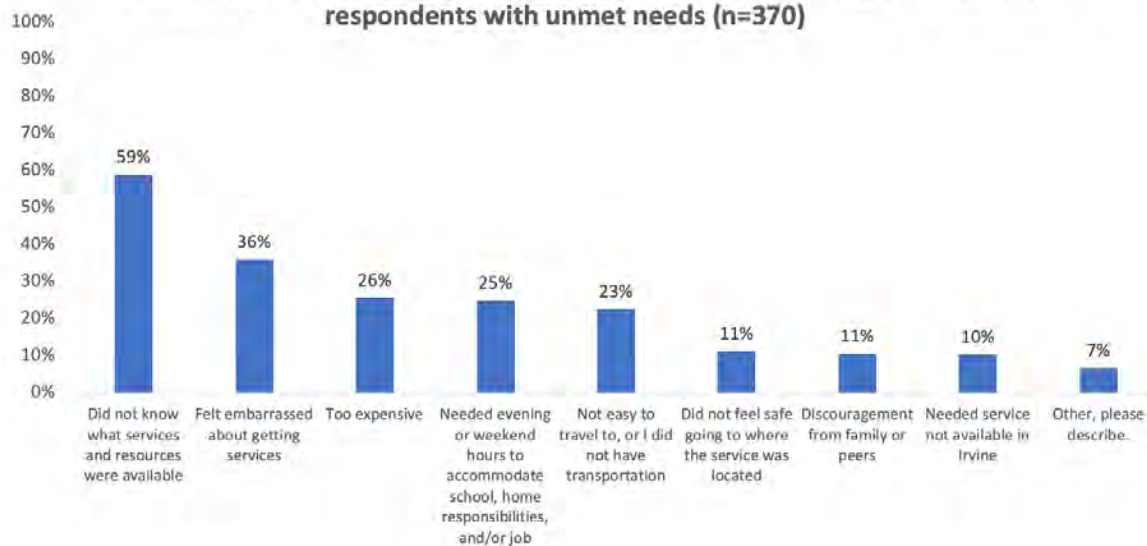
### Youth Identified Needs to Support Their Participation in Community Service or Other Activities



Source: City of Irvine Student Survey. Results as of 4/18/23

## BARRIERS TO ACCESSING NEEDED SUPPORTS AMONG STUDENTS

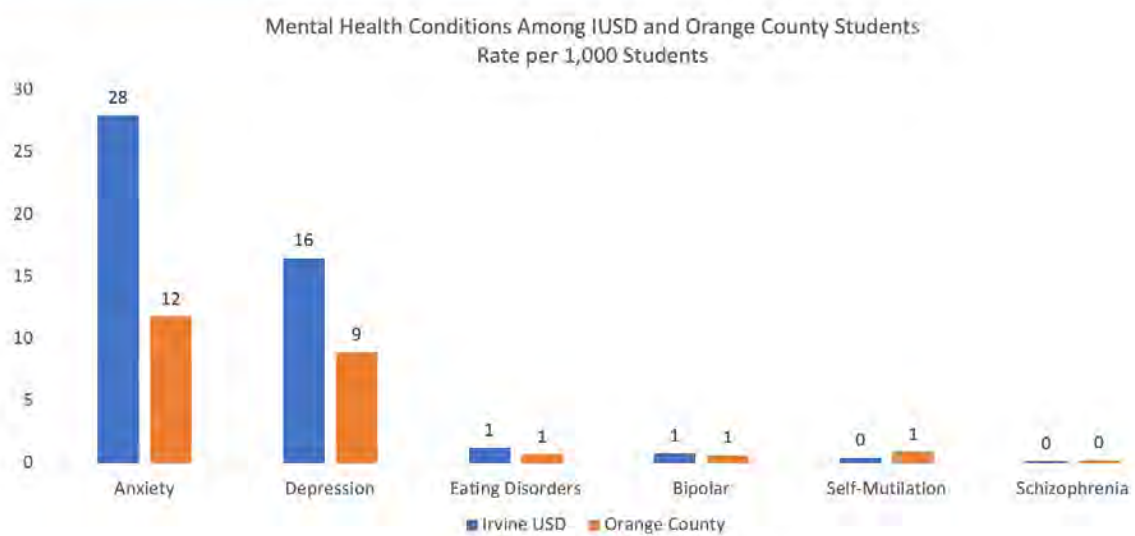
### The barrier(s) experienced in getting the support needed among youth survey respondents with unmet needs (n=370)



Source: City of Irvine Student Survey. Results as of 4/18/23

# SOCIAL AND EMOTIONAL HEALTH

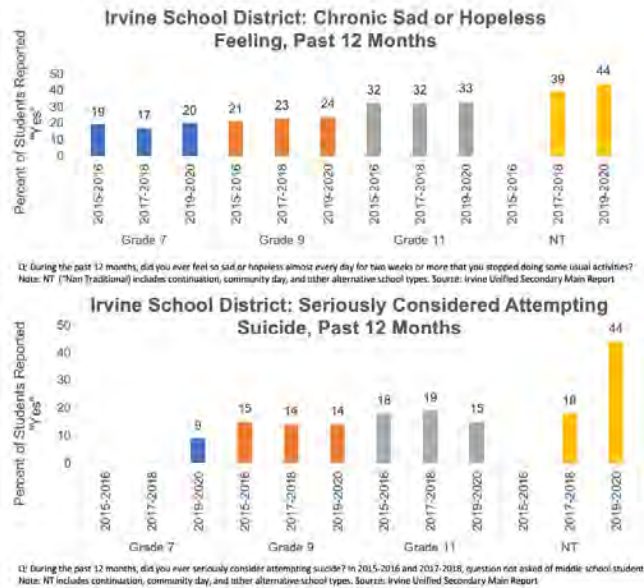
## MENTAL HEALTH



Source: Orange County Department of Education, School Health Nurse Data, 2020-2021 Year End Report.

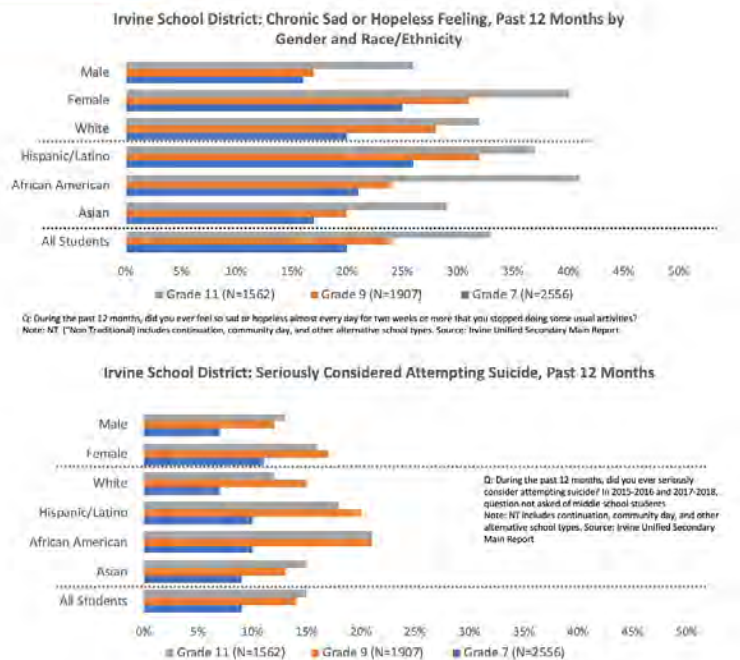
## MENTAL HEALTH

- California Health Kids Survey (CHKS) provides two measures for assessing mental health among students in grades 7, 9, and 11, as well as students in Non-Traditional (NT) settings:
  - (1) whether they experience chronic, incapacitating sadness or hopelessness; and
  - (2) whether they ever contemplated suicide
- CHKS data show stable trends
  - Percent of students who experienced chronic sadness or hopeless feeling was higher in OC (Grade 7, 24.6%; Grade 9, 30.2%; Grade 11, 34.6%, and NT, 36.4%)
  - Percent of students seriously considering attempting suicide was similar in OC at 14.7% for Grade 9 and 15.4% for grade 11 in 2019-2020. NT students was lower at 19.2%
- Students who report bias-related harassment, particularly for disability and sexual orientation, have poorer overall mental health than students who are harassed for other reasons or not harassed



## MENTAL HEALTH

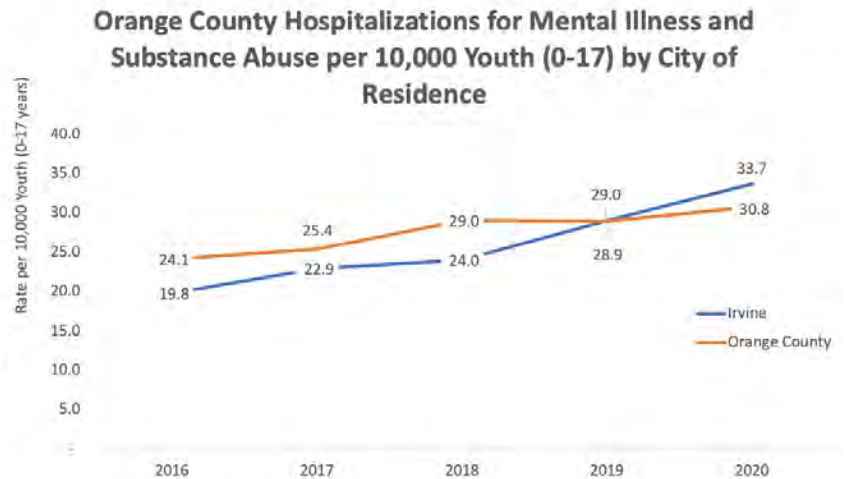
- CHKS data show behavioral health disparities by gender and race/ethnicity.
  - Percent of Hispanic/Latino students and the percent of female students who experienced chronic sadness or hopeless feeling was higher compared to all IUSD students
  - Percent of students seriously considering attempting suicide was higher among females compared to males at all grade levels, as well as for Hispanic/Latino and African American 9<sup>th</sup> and 11<sup>th</sup> grade students compared to all IUSD students





## MENTAL HEALTH AND SUBSTANCE USE HOSPITALIZATIONS

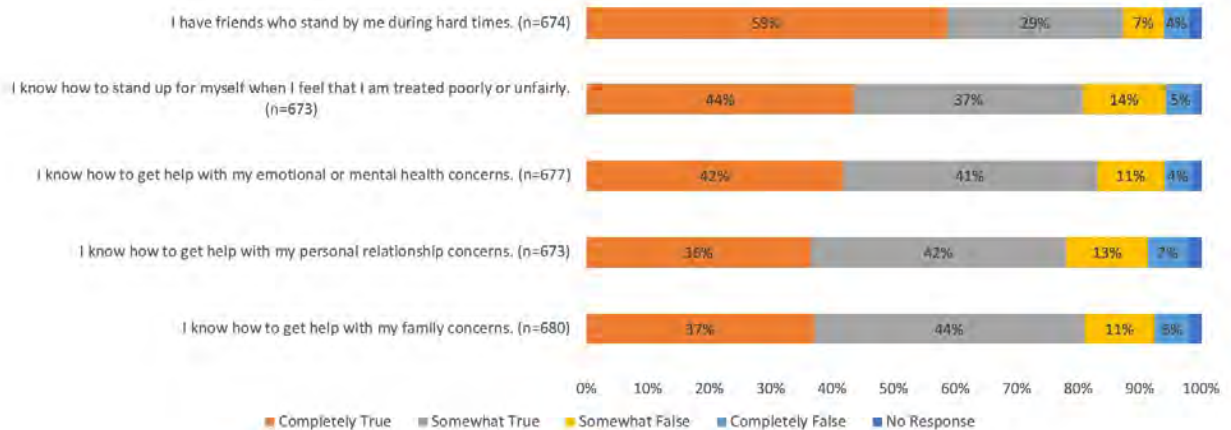
- Both Orange County and the City of Irvine experienced increases in behavioral health related hospitalizations
- 176 hospitalizations among youth 0-17 living in Irvine 2020 for a rate of 33.7 per 10,000
- Increase may be due to multiple factors including, but not limited to, increased capacity and access to these services as well as decreased stigma around help-seeking



Source: Orange County Health Care Agency, Health Policy and Research. As cited in 20<sup>th</sup> Annual Conditions of Children's Report

## ACCESS TO EMOTIONAL SUPPORTS AMONG IUSD STUDENTS

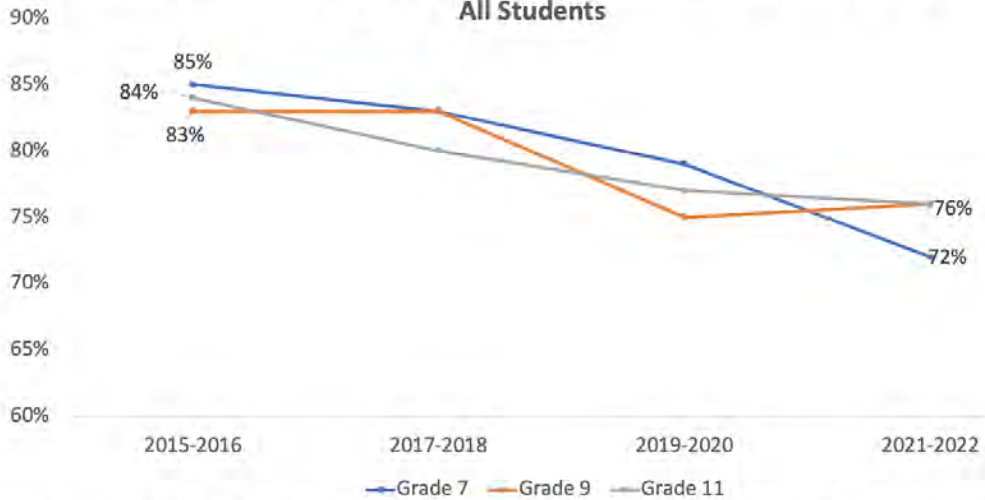
The City of Irvine would like to know you have the emotional support you need. For each statement, please use the answer choices to tell us how much each statement is - or is not - true for you.



Source: City of Irvine Student Survey. Results as of 8/18/23

## PERCEIVED SCHOOL SAFETY AT SCHOOL

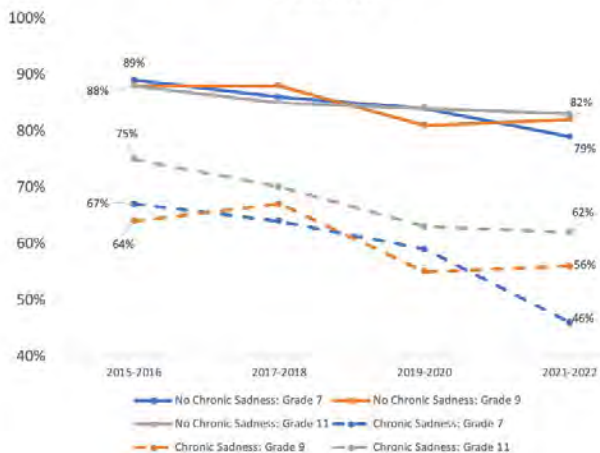
Irvine Unified: Average % reporting "Very Safe" or "Safe" at school for All Students



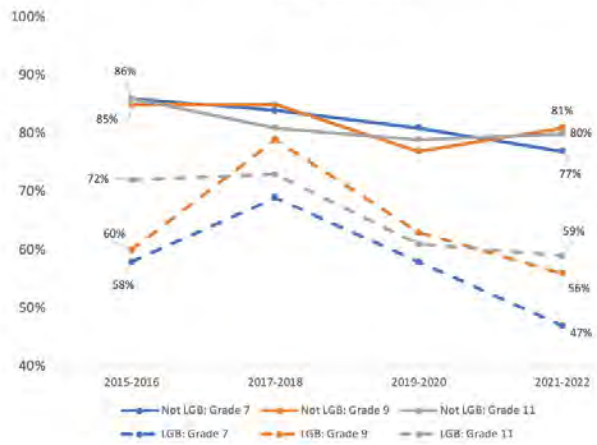
Note: Responses submitted in 2020-21 may not be comparable to other years because survey questions that are used to compute this indicator were not asked among students attending schools remotely due to the pandemic.  
 \*Collection years are not identical for Irvine Unified and Orange County  
 Source: California Health Kids Survey (CHKS), CalSCHLS Public Dashboard. Accessed April 10, 2023

## PERCEIVED SCHOOL SAFETY AT SCHOOL

Irvine Unified: Average % reporting "Very Safe" or "Safe" at school by Chronic Sadness



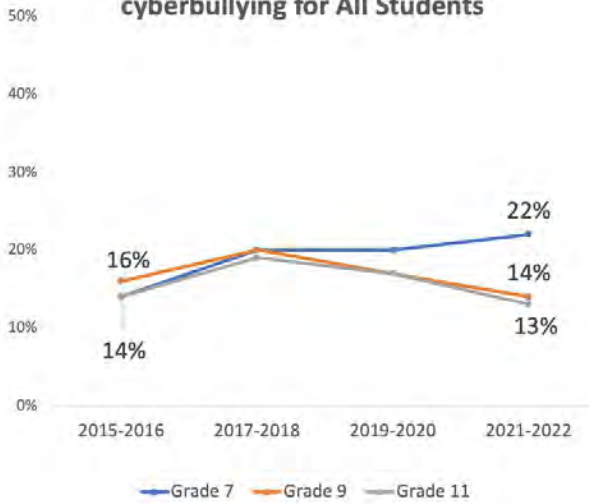
Irvine Unified: Average % reporting "Very Safe" or "Safe" at school by sexual orientation



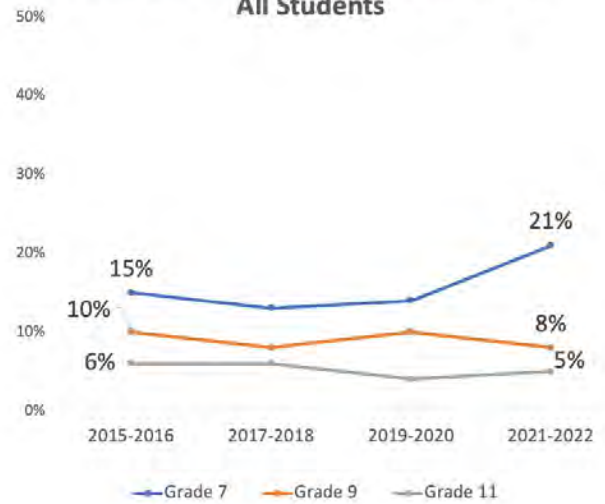
Note: Responses submitted in 2020-21 may not be comparable to other years because survey questions that are used to compute this indicator were not asked among students attending schools remotely due to the pandemic.  
 Source: California Health Kids Survey (CHKS), CalSCHLS Public Dashboard. Accessed April 10, 2023

## CYBERBULLYING AND OTHER INTERPERSONAL VIOLENCE

Irvine Unified: % reporting cyberbullying for All Students



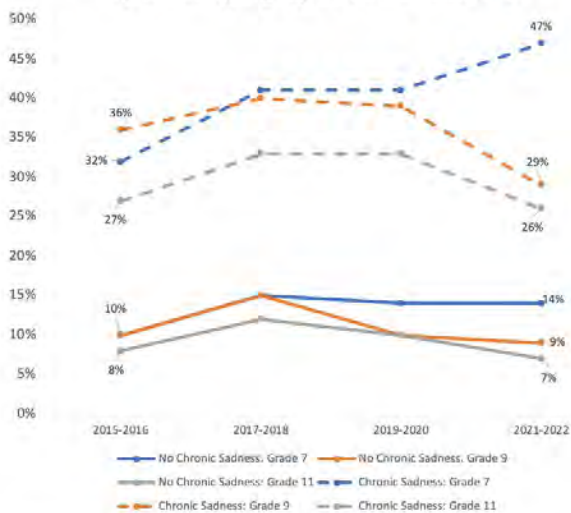
Irvine Unified: Fear of being beat up for All Students



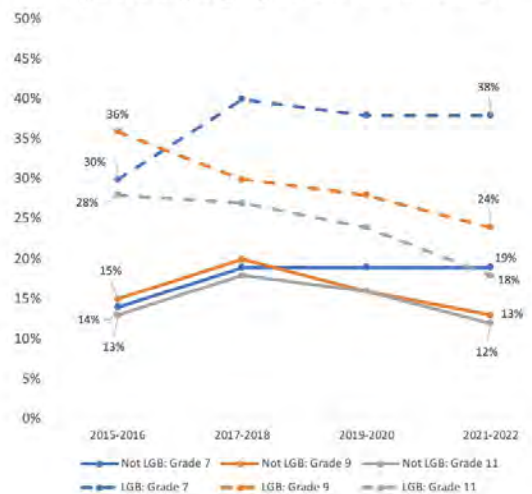
Source: California Health Kids Survey (CHKS), CalSCHLS Public Dashboard. Accessed April 10, 2023

## CYBERBULLYING

Irvine Unified: % reporting cyberbullying by Chronic Sadness



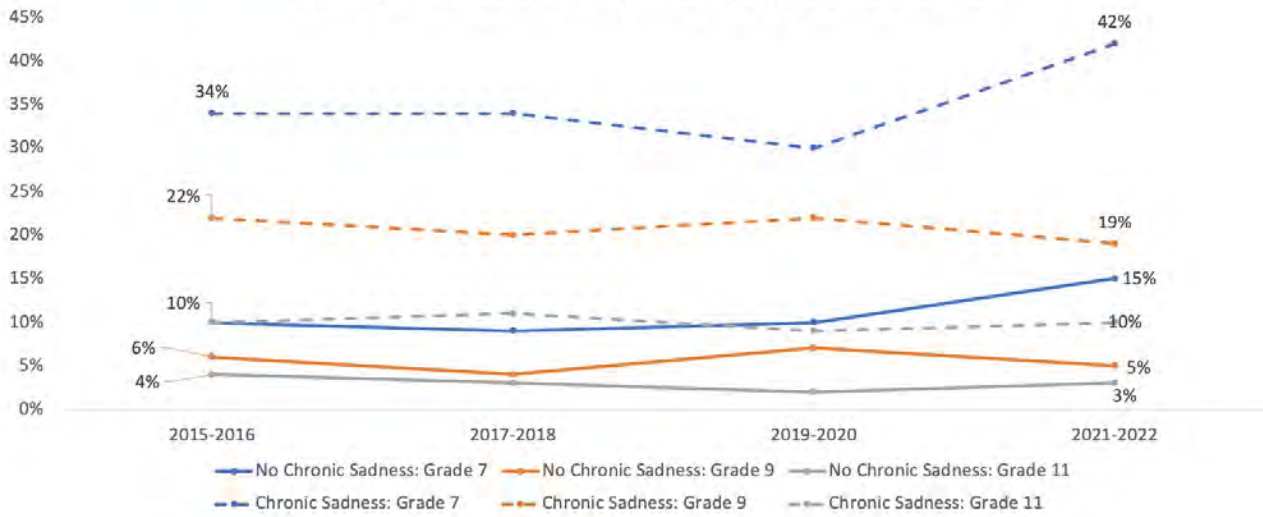
Irvine Unified: % reporting cyberbullying by Sexual Orientation



Source: California Health Kids Survey (CHKS), CalSCHLS Public Dashboard. Accessed April 10, 2023

## FEAR OF BEING BEAT UP

Irvine Unified: Fear of being beat up by Chronic Sadness



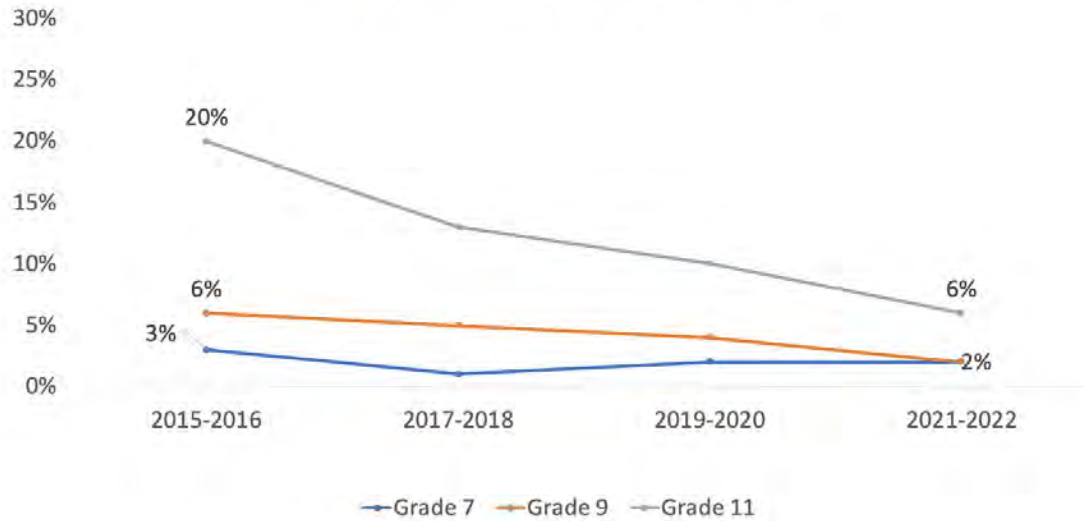
Source: California Health Kids Survey (CHKS), CalSCHLS Public Dashboard. Accessed April 10, 2023

# HEALTH AND HEALTH PROMOTION



## ALCOHOL AND OTHER DRUG (AOD) USE FOR ALL STUDENTS

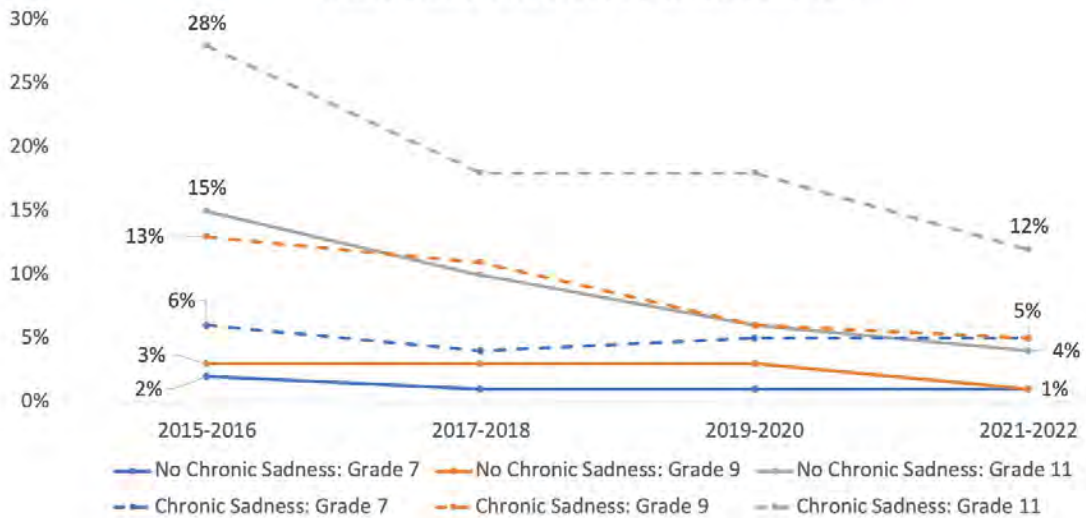
Irvine Unified: AOD Use for All Students



Source: California Health Kids Survey (CHKS), Irvine Unified Secondary Main Report

## ALCOHOL AND OTHER DRUG USE

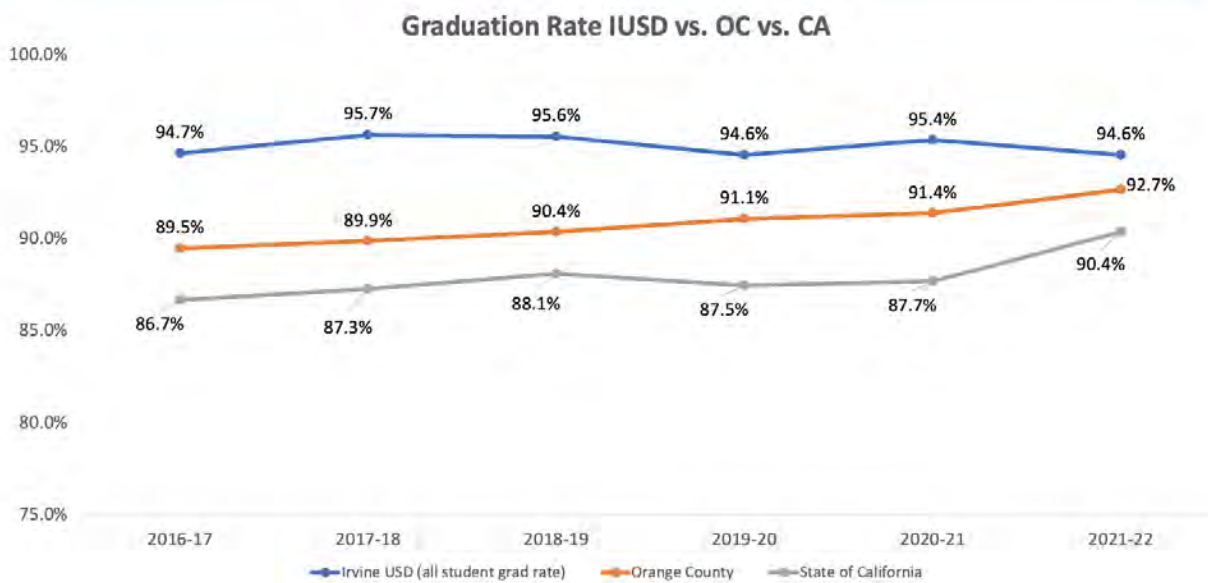
Irvine Unified: AOD Use by Chronic Sadness



Source: California Health Kids Survey (CHKS), Irvine Unified Secondary Main Report

# COLLEGE AND CAREER READINESS

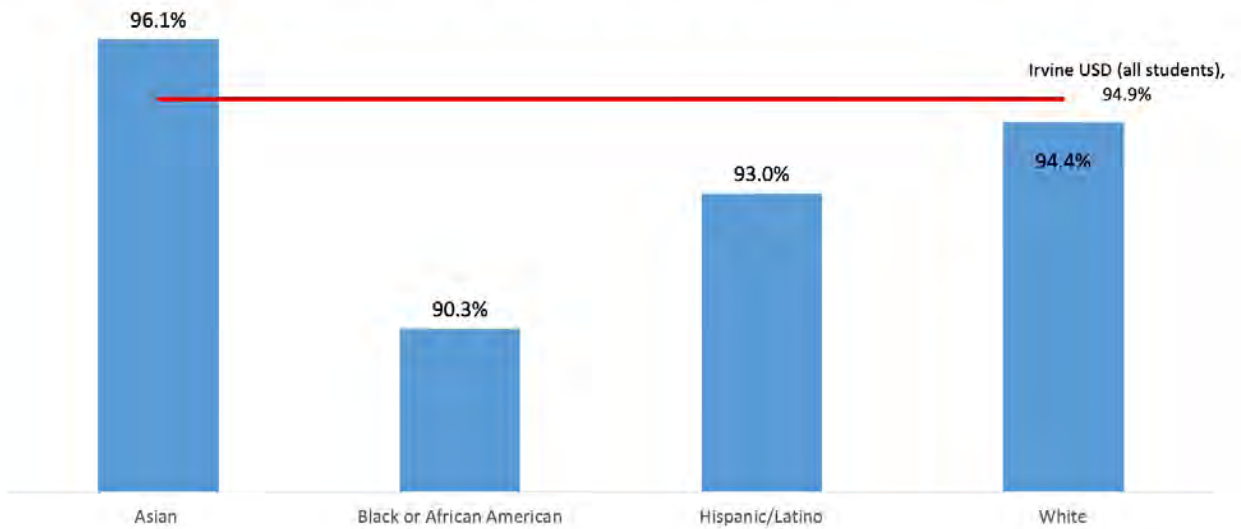
## HIGH SCHOOL GRADUATION RATE (4-YEAR)



Source: California Department of Education, DataQuest

## HIGH SCHOOL GRADUATION RATE (4-YEAR)

Graduation Rate 3-year Average by Race/Ethnicity

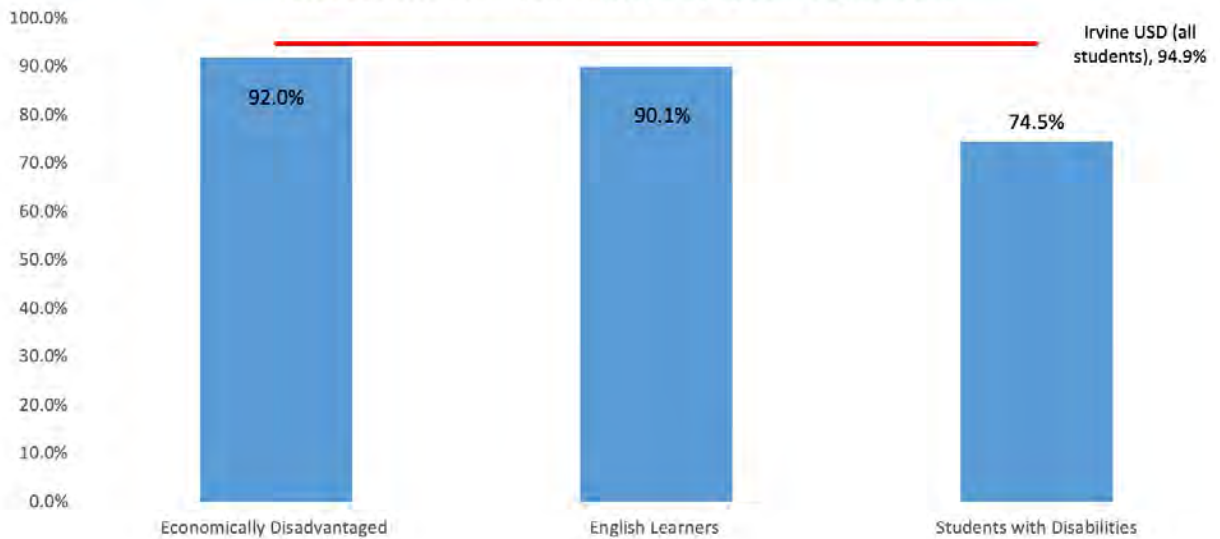


Source: California Department of Education, DataQuest

49

## HIGH SCHOOL GRADUATION RATE (4-YEAR)

Graduation Rate 3-year Average by Special Populations

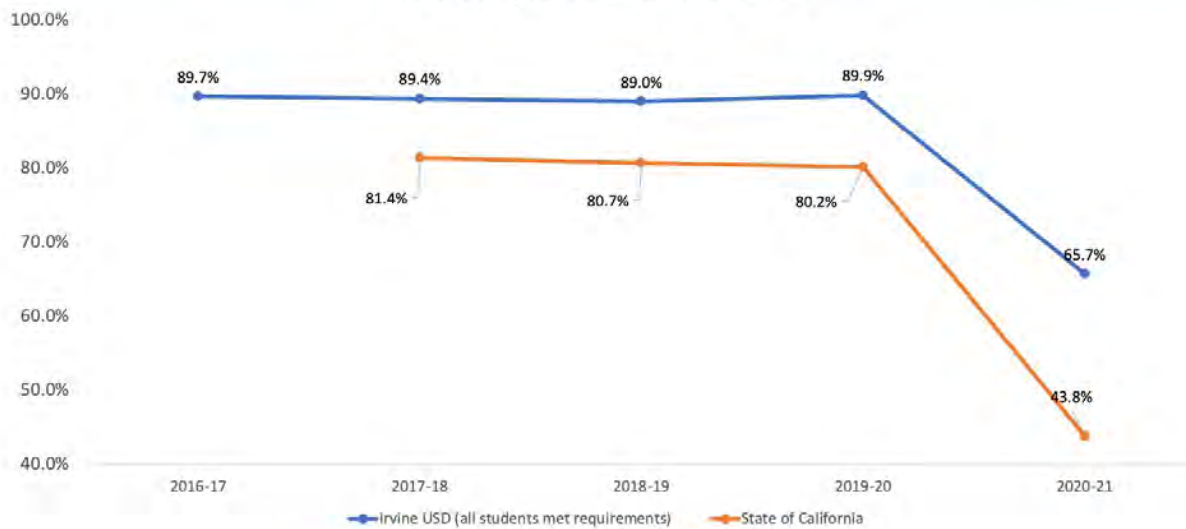


Source: California Department of Education, DataQuest

50

## A-G COMPLETION RATE (COLLEGE ELIGIBILITY OF HS GRADS)

A-G Completion Rate IUSD vs. CA

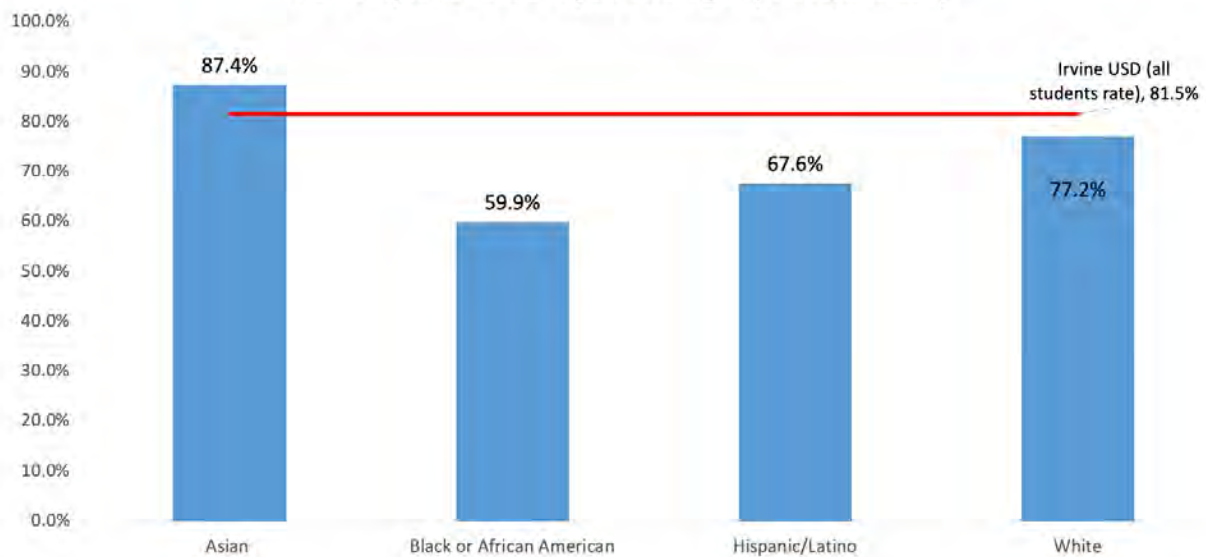


Source: California Department of Education, DataQuest

51

## A-G COMPLETION RATE (COLLEGE ELIGIBILITY OF HS GRADS)

A-G Completion Rate 3-year Average by Race/Ethnicity



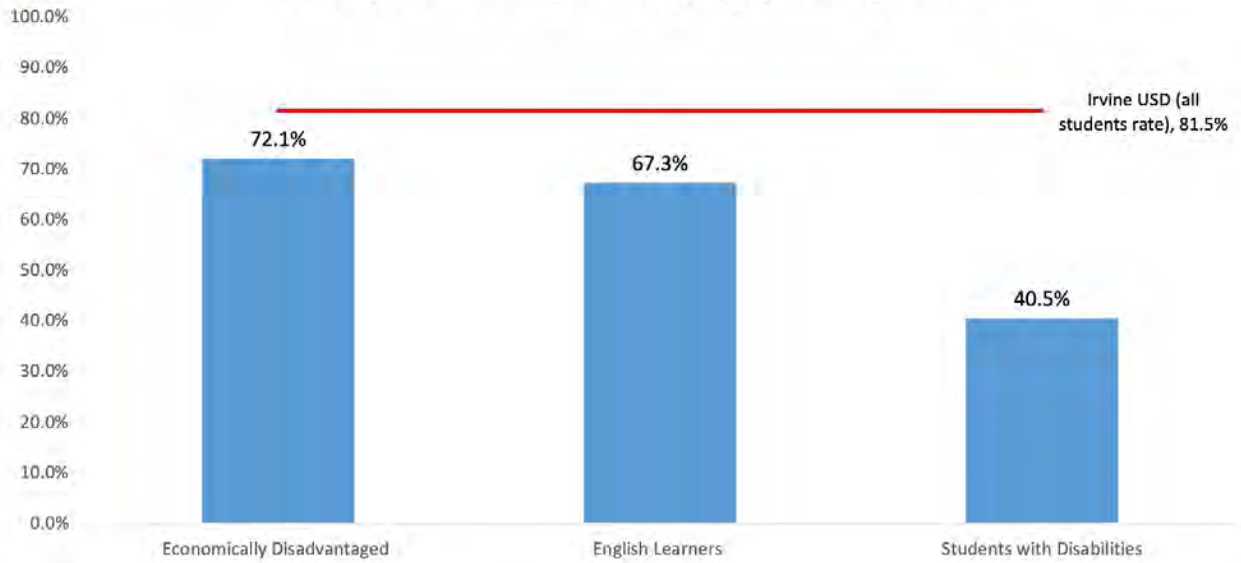
Source: California Department of Education, DataQuest

52



## A-G COMPLETION RATE (COLLEGE ELIGIBILITY OF HS GRADS)

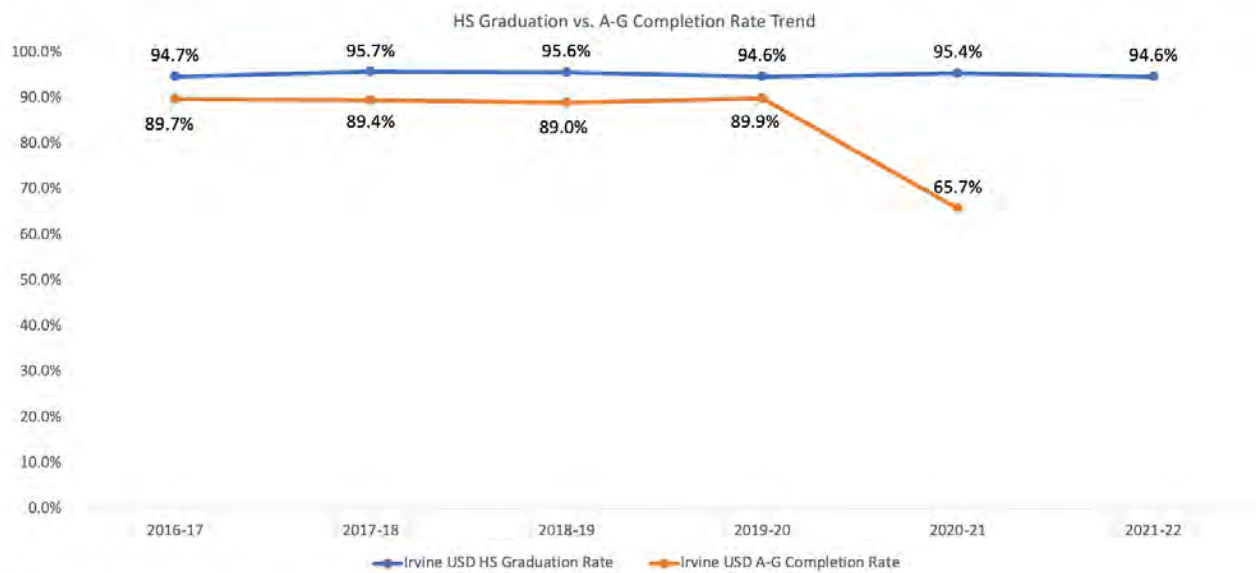
**A-G Completion Rate 3-year Average by Special Populations**



Source: California Department of Education, DataQuest

53

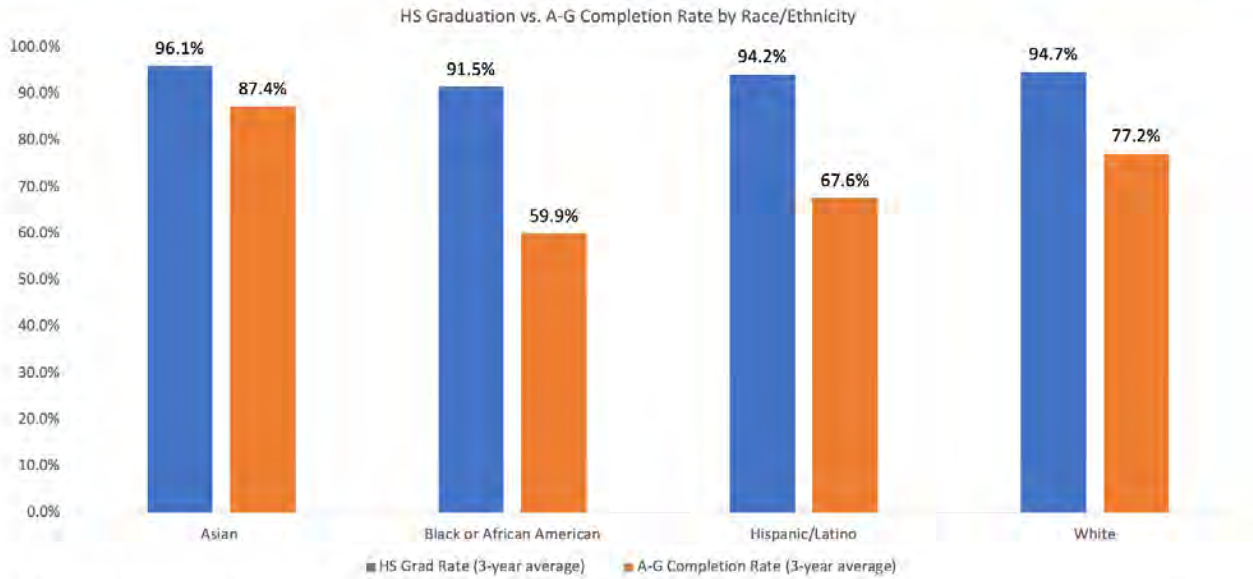
## HS GRADUATION VS. A-G COMPLETION RATE



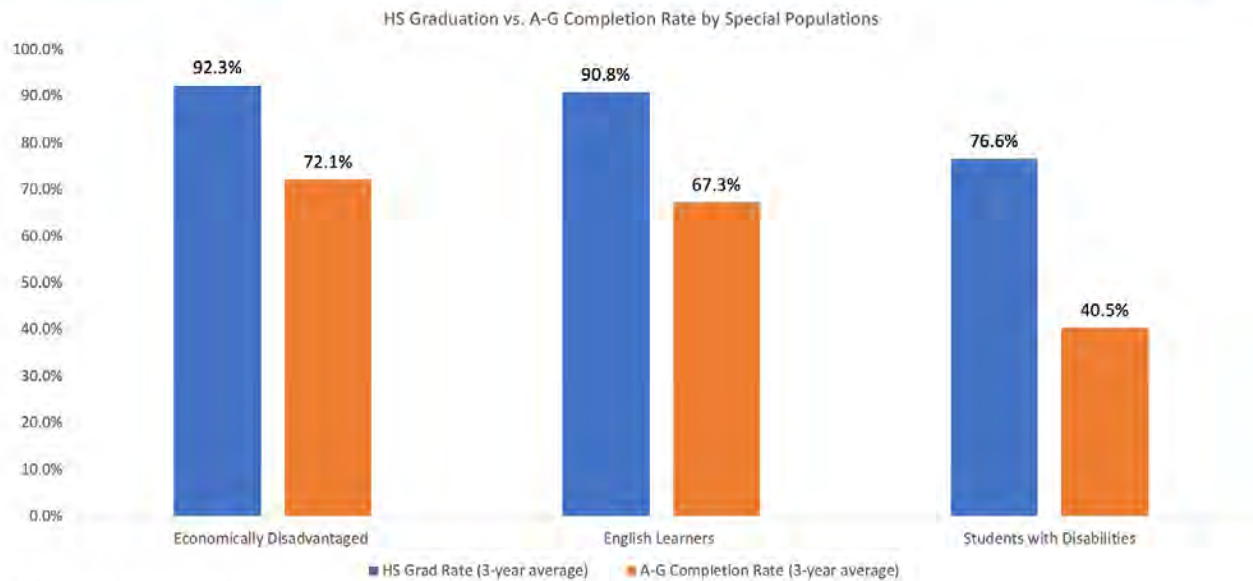
Source: California Department of Education, DataQuest

54

## HS GRADUATION VS. A-G COMPLETION RATE



## HS GRADUATION VS. A-G COMPLETION RATE







**HMA**