

Exploring the Expansion of Home Visiting Services to Infant Beneficiaries Aged 18 to 36 Months: A Landscape Analysis of Maternal Infant Health Program

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Executive Summary

Michigan has eight evidence-based home visiting models to support families at various stages of their pregnancy and parenting journey, collectively known as the Michigan Home Visiting Initiative. While the various models have their [own eligibility criteria](#), typically the enrollment period for services begins prenatally and extends to approximately 18 months or two years of age. There are a limited number of models that extend enrollment and services beyond 18 months, and they are specific to unique populations. There is a recognized gap in service delivery within the Michigan Home Visiting structure, which limits access to trusted and valued home visitors for infants and their caregivers between 18 months and three years of age.

The Maternal Infant Health Program (MIHP) is Michigan's largest evidence-based home visiting program designed to support the health and wellness of pregnant individuals and families with infants up to 18 months of age who are eligible for Medicaid insurance. Since the later months of 2024, the Michigan Department of Health and Human Services (MDHHS) MIHP team has seen an increase in MIHP providers who are requesting exceptions to allow families with children aged 18 – 36 months to stay in the program. In response, MIHP, Medicaid, and the Medicaid Health Plans have been collaborating to develop guidelines on how best to support these families.

To better understand the needs of these families requesting an extension of services and how MIHP providers are currently meeting those needs, the University of Michigan Youth Policy Lab (YPL), in partnership with MDHHS MIHP, conducted a landscape analysis using data collected from a survey administered to all MIHP provider agencies and an interview with two MIHP program coordinators. Findings from this analysis are aimed at providing information that may be needed in consideration of expanding services in home visiting to provide access to more families with children 18-36 months of age.

Based on survey responses from approximately 60 MIHP agencies across the state, YPL identified the following key findings:

- Over half of the respondents reported having submitted an exception request and providing home visiting services to families with children aged 18-36 months within the past two years.
- MIHP providers identified a variety of social determinants of health that needed to be addressed for families in this demographic, especially **mental health** and **housing instability**. Social support, or emotional support, was also identified as a top need.
- Most MIHP agencies reported connecting families to local community services and referring them to other age-appropriate programs, if available. However, responses and interview findings also indicated long wait times for some age-appropriate programs in certain regions.

- MIHP providers highlighted difficulties in transitioning families with complex needs out of MIHP when the child is 18 months of age. **Funding and budget constraints** were reported as the top challenge preventing MIHP agencies from fully meeting the needs of families with children aged 18-36 months.
- The vast majority of MIHP agencies surveyed were willing to serve families in this age group if all needs were met (such as funding and staffing), but noted that evidence-based educational resources focused on this age range, increased funding, and well-coordinated community services would be essential to effectively serve these families moving forward.

Given both statewide need and home visitors' willingness to support families with children 18 – 36 months, YPL recommends gathering additional information to assess the feasibility of expanding the home visiting network to better serve this age group. The following are potential next steps:

- Develop a statewide resource map to pinpoint service gaps and guide where added support, such as Infant Mental Health (IMH), housing assistance, or other basic needs, is most needed.
- Continue to strengthen collaborations between IMH and other home visiting models.
- Expand the use of community health workers to improve care coordination and facilitate seamless referrals across programs.
- Conduct a deeper analysis of agency exception requests and service extensions to identify additional trends.

I. Background

Michigan's Maternal Infant Health Program (MIHP) is the state's largest evidence-based home visiting program. It is designed to support the health and wellness of Medicaid-eligible families during pregnancy and infancy. MIHP typically provides home visiting services to families with infants up to 18 months of age. However, MIHP service providers may request an exception from the program's standard age limits to initiate or continue MIHP services. MIHP providers must first complete an [exception request form](#) and then receive approval before providing services.

The type of request may include:

- *Enrolling infant between 12 through 15 months of age,*
- *Continuing MIHP visits after 18 months of age,*
- *Enrolling beneficiary whose enrollment showed no risk,*
- *Providing additional infant visits,*
- *Providing additional maternal visits due to NICU admission.*

More detailed information about MIHP exception policies can be found in the [MIHP Operation Guide](#) and [Medicaid Provider Manual](#).

Over the last several years, the Michigan Department of Health and Human Services (MDHHS) MIHP team has received an increasing number of exception requests from MIHP agencies to continue serving families with children beyond the traditional age range covered by MIHP. Specifically, these requests focus on children aged 18–36 months, which is a population MIHP does not typically serve and does not have existing programmatic content to support.

Michigan has eight evidence-based home visiting programs. Several of these programs serve families with children aged 18-36 months, including Infant Mental Health, Early Head Start, and Parents as Teachers. However, restrictive eligibility criteria (i.e., Nurse-Family Partnership serves children and toddlers up to 24 months of age, but only enrolls families at or before 28 weeks of pregnancy) and significant geographic variability in the availability of these programs by county have resulted in a service gap for many families with children in this age range. The Michigan Home Visiting Initiative, a statewide effort connecting families with local home visiting programs, has been addressing this gap for many years.

MDHHS MIHP is interested in identifying the potential gaps in the system and assessing what support would be needed if either a) a current home visiting model needs to be expanded to provide continued support beyond 18 months of age, or b) an expansion of MIHP is needed and found feasible. In response, with funding from United HealthCare, the University of Michigan Youth Policy Lab (YPL) conducted a landscape analysis to gather information from MIHP agencies about current approaches

to providing home visiting services to these families, barriers to serving these families, and the types of resources that would be needed to serve additional families with children 18 to 36 months. YPL has prepared this memo to share our analysis findings.

II. Methods

A. Interview

YPL conducted an informal interview with two MIHP providers from the Kent County Health Department (KCHD) to gain insight into their MIHP exception request process. KCHD was selected because it reported one of the highest volumes of exception requests in the state for beneficiaries with children beyond 18 months, according to MDHHS MIHP. During the Zoom interview with the KCHD MIHP program coordinators, we explored how exceptions are initiated, the typical timeline for extending services once beneficiaries are identified, and the primary needs driving these requests. In addition to discussing exception-related processes, the program coordinators shared information on local resources available to address these needs, highlighted the limitations of those resources, and identified additional supports that would be beneficial overall.

B. Survey

Following the interview with the KCHD MIHP program coordinators, we developed a 16-question Qualtrics survey to assess the statewide need for serving families with children 18-36 months, explore agencies' experiences in serving this age group, and identify where additional support may be needed. The survey included questions about agencies' reasons for serving or not serving this age group, the specific needs being addressed, the types of support provided, and the challenges agencies face in fully meeting the needs of this group. Additionally, we posed a hypothetical "ideal world" scenario: if agencies were given adequate resources (i.e., funding and staffing), would they be willing to serve children aged 18-36 months old?

The survey was designed with built-in skip logic, meaning that the number of questions each participant received varied based on their responses. For example, respondents who indicated that they had not served families with 18- to 36-month-olds were asked fewer follow-up questions than those who had done so. However, all participants were presented with the "ideal world scenario" questions.

The survey was administered during the May 2025 MIHP Coordinator Meetings held in Ypsilanti, Grand Rapids, Traverse City, and Marquette. All MIHP agencies are required to send at least one representative (preferably a program coordinator or manager) to one of these four regional meetings hosted by MDHHS MIHP. Participation in the survey was optional.

III. Interview Findings with Kent County Health Department

Findings from our interviews in Kent County were illuminating and we summarized them here.

The leading reason for exception requests at the KCHD was the high number of non-English speaking beneficiaries being served by this MIHP agency. These families often require additional support as they learn how to navigate the health department, access transportation, and request services. The program coordinators indicated that language and navigation challenges made this group a high priority and were a key population for whom they requested exceptions. Other common themes that emerged included needs related to social support, infant health, housing, and mental health.

Although other community resources exist in Kent County for families with children aged 18–36 months, several barriers hinder successful transitions out of MIHP services. These barriers include difficulty reaching families, long wait times, and a shortage of licensed professionals, such as social workers or specialists, to address families' specific needs. As a result, KCHD is reluctant to transition families out during critical periods in the child's and mother's life. For example, Early Head Start and Early On are valuable home visiting resources; however, many families enroll but never receive follow-up due to long wait times for those programs. KCHD emphasized the importance of ensuring families are officially enrolled and actively receiving services, especially for non-English speaking beneficiaries, so that they feel supported and connected to care. Additionally, beneficiaries often develop strong bonds of trust with their home visitors, and both providers and families are concerned about disrupting that trust by ending services prematurely.

When asked what additional supports would be most helpful in an ideal world, KCHD coordinators suggested integrating community health workers into MIHP services and allowing more time to support families with limited English proficiency adequately. This additional support would enable providers to deliver more culturally and linguistically appropriate care.

IV. Survey Findings

In total, YPL received 79 responses from 60 agencies,¹ with 11 agencies submitting more than one survey. For clarity and consistency purposes, we applied the following rules to reconcile multiple responses from the same agency. First, we prioritized responses submitted by MIHP program coordinators (rather than, for example, home visitors) when multiple responses from a single agency were available. Second, if more than one MIHP program coordinator from the same agency submitted a response, we kept the response with the highest completion rate.

The descriptive analyses in this memo are based on 60 survey responses, with one response per agency, and are organized in three major sections, each representing a subset of the sample: (1) responses from agencies who have served families with 18- to 36-month-olds, (2) responses from agencies who have never served families with families with 18- to 36-month-olds, and (3) responses from the full sample about “an ideal world scenario”. The number of responses for each question varies due to missing data or survey logic.

As shown in Table 1, a majority (85%) of survey respondents identified as MIHP coordinators, and almost a third of respondents indicated that they were home visitors (31%). The “Other” category included roles such as supervisor, referral coordinator/navigator, and social worker. Respondents were able to select more than one option in answering this question, so the total percentage exceeds 100%.

Table 1. Staff positions of survey respondents

Role on the team	N	%
MIHP coordinator	50	85%
Home visitor	18	31%
Other _a	5	8%
Total _b	58	

Notes:

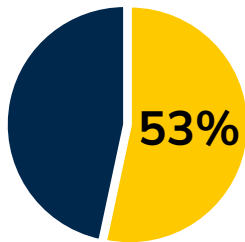
- This category may include roles such as supervisor (n=3), referral coordinator/navigator (n=1), and social worker (n=1).*
- Respondents may select more than one option when indicating their professional roles on the team in this question.*

¹ Michigan’s MIHP has approximately 67 active agencies across the state as of June 2025.

Agencies serving families with children aged 18-36 months

As shown in Figure 1, despite the MIHP guidelines about serving families up to 18 months, more than half (53%) of the 60 MIHP agencies that responded to the survey reported having served families with children aged 18 to 36 months within the past two years.

Figure 1. Percentage of agencies who have served families with children aged 18-36 months



Over half of the agencies said they are **currently serving** or **have served** this group within the past two years.

n=60

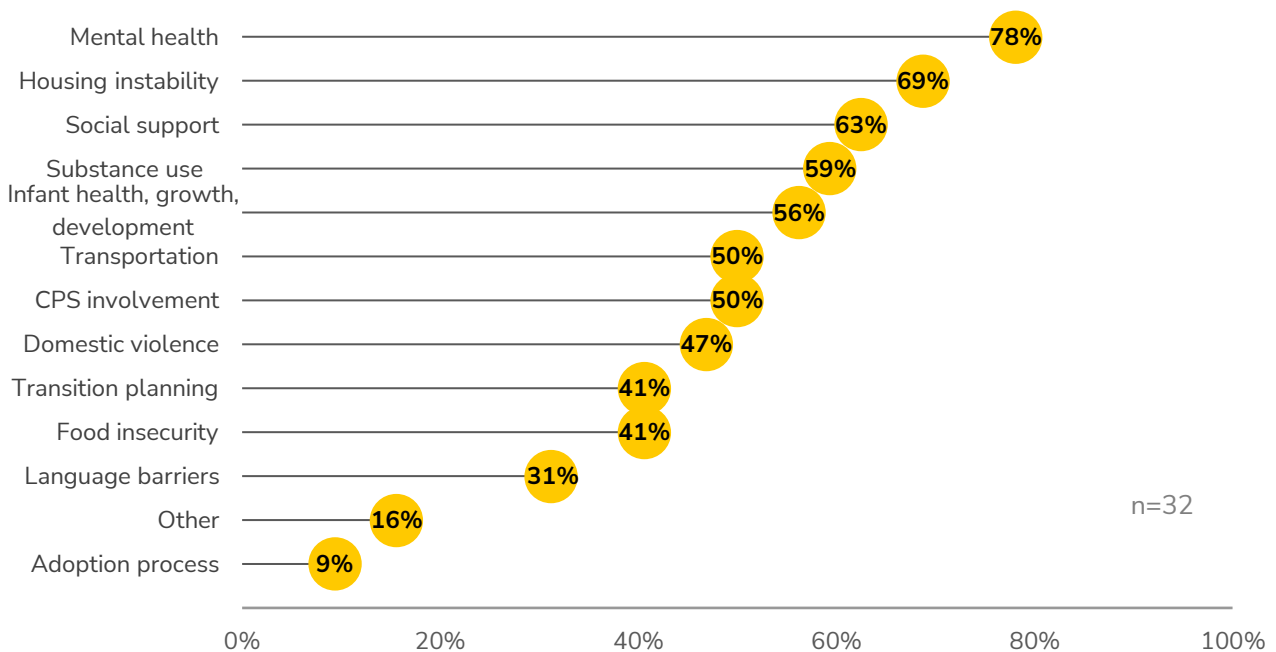
Of the 53% of agencies serving this age group, almost two-thirds are currently providing services to these families, while the remainder served them at some point within the past two years.

1. Agencies are addressing a variety of needs for families with 18- to 36-month-olds

MIHP agencies have been working to address a variety of needs for families with children aged 18-36 months, with most needs related to social determinants of health. As shown in Figure 2, nearly 80% of agencies serving families in this demographic reported that families were facing mental health conditions, including anxiety and depression. Approximately 70% of agencies reported housing instability as one of the top concerns among these families. These findings were consistent with a recent [YPL evaluation report](#) on the MIHP Healthy Moms Healthy Babies pilot, where referrals for mental health support and housing stability were among the top referrals made by home visitors during the pilot.

Social support, such as emotional support, was also among the top concerns for these families. Over half of agencies have helped families address needs related to substance use, infant health and growth. Needs related to Children's Protective Services (CPS) involvement and transportation were also addressed by half of the agencies.

Figure 2. Specific needs agencies are trying to address for these families



As an example of the complex needs that families often looked to MIHP to support, one health department MIHP in Southeast Michigan specifically reported providing extended services (beyond 18 months) to a small number of substance-exposed beneficiaries in previous years. They indicated that transitioning these families, who often have extensive needs, out of MIHP proved particularly difficult as the families lacked trust in other agencies and only wished to work with their agency. These

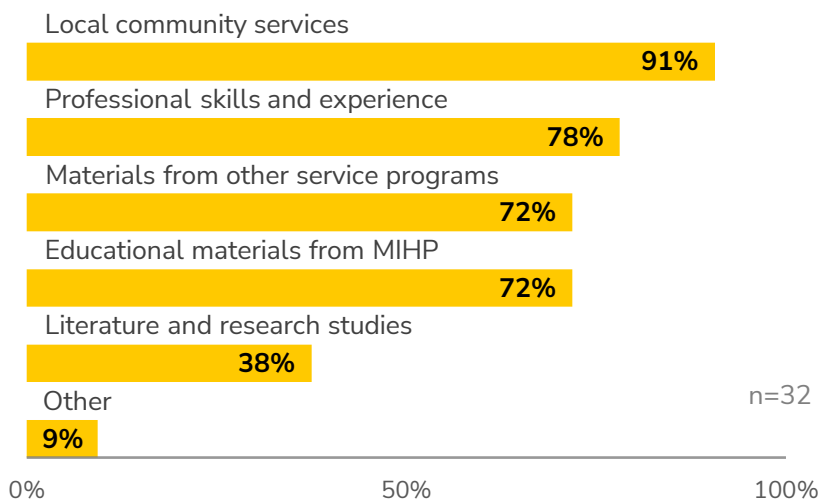
families also faced needs related to CPS involvement, housing instability, and developmental concerns.

2. Agencies are connecting families to local community services and resources

As is typical of MIHP practice in general, surveyed agencies have utilized a variety of methods and resources to help meet the needs of families with children over 18 months of age.

As shown in Figure 3, most (91%) agencies serving families with children aged 18-36 months reported referring families to local community services. Over 70% of the agencies indicated using other resources, including professional skills (78%) and educational materials from MIHP and other programs (72%), to meet the needs of families in this demographic. A small proportion of agencies (38%) consulted literature and/or research studies on best practices for supporting families with children in this age group.

Figure 3. Resources used by agencies to help families in this age group



Notes:

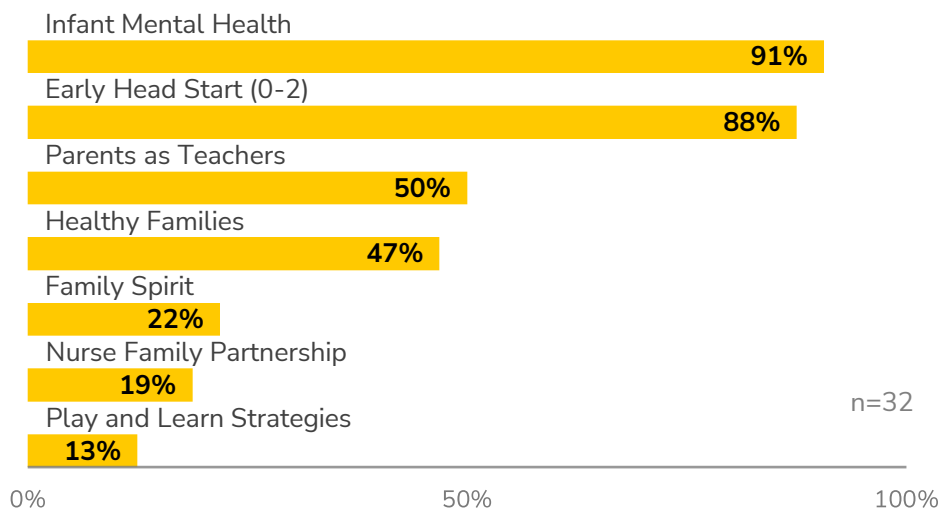
The “Other” category includes responses indicating the use of Family Spirit curriculum and materials, or different needs each family has.

3. Agencies are referring families to other home visiting and social service programs

As noted earlier in the memo, several home visiting models also serve families with children aged 18-36 months, though the availability of these services varies by region. As shown in Figure 4, a majority of agencies (91%) with experience serving this age group indicated that the Infant Mental Health (IMH) program is available in their service area. However, open-ended responses suggested IMH has limited availability and often involves a long waitlist.

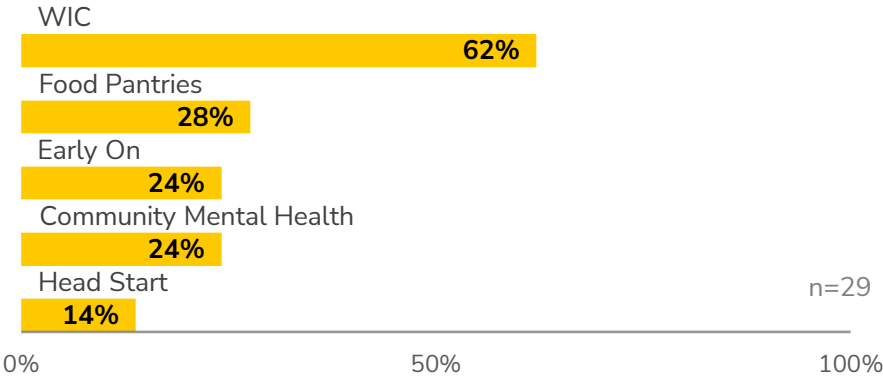
Most (88%) agencies reported Early Head Start as among the few home visiting models that could serve this demographic. About half of the agencies indicated the availability of Parents as Teachers and Healthy Families. Only a small percentage of agencies reported that Family Spirit, Nurse Family Partnership, or Play and Learn Strategies serve this age population in their area.

Figure 4. HV programs in your area that serve this age group



As shown in Figure 5, agencies reported connecting families with children aged 18-36 months to social services programs, with almost two-thirds referring these families to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). About one-quarter of agencies also indicated making referrals to other programs, such as Food Pantries, Community Mental Health, and Early On. Open-ended responses also mentioned referrals to local and regional programs such as churches, therapy services, and parenting and family resources.

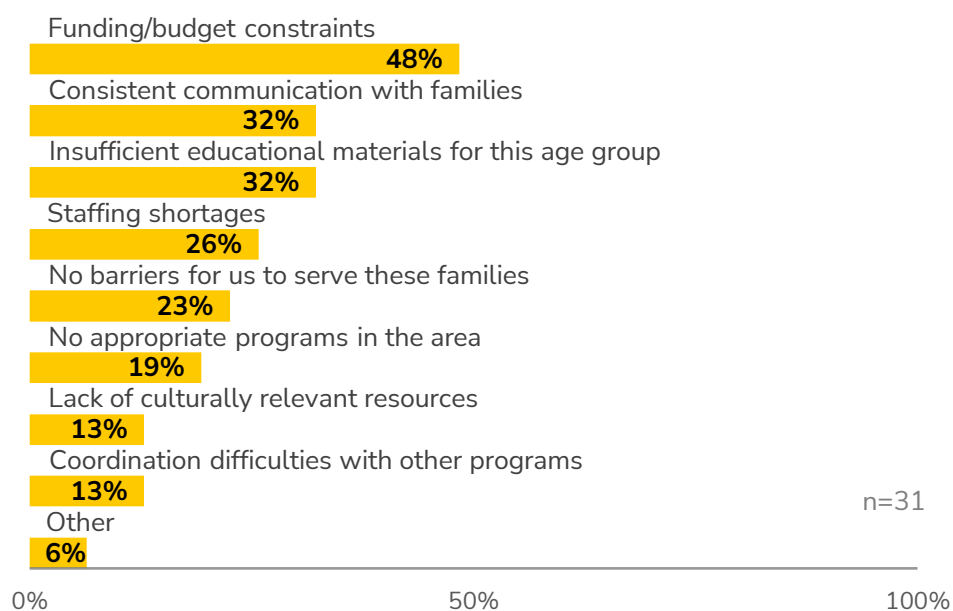
Figure 5. Additional social service programs to which families are referred



4. Top challenges agencies are facing when serving families with 18- to 36-month-olds

Agencies who have served families with children in this age group reported encountering a variety of challenges (listed in Figure 6). Almost half of the agencies (48%) identified funding/budget constraints as one of the top challenges. Agencies also cited maintaining communication with families (32%), insufficient materials for this age group (32%), and staffing shortages (26%) as additional key difficulties.

Figure 6. Challenges agencies are facing when trying to fully serve this age group



Notes:

The "Other" category includes responses indicating their competition with other HV programs already in place in their communities.

5. Agencies are requesting additional home visits for families with 18- to 36-month-olds

As indicated in the recently updated MIHP [Operations Guide](#), agencies are required to complete an [exception form](#) to continue MIHP visits for families after an infant turns 18 months of age. On the form, agencies can specify the number of additional visits needed to support these families, and these requests are forwarded to the beneficiary's health plan for approval and care coordination as they are outside the scope of MIHP.

As shown in Table 2, among the 10 agencies who responded, five agencies (50%) reported requesting 3 to 4 additional visits for families in this demographic. The remainder requested 5 or more visits for families in this age group.

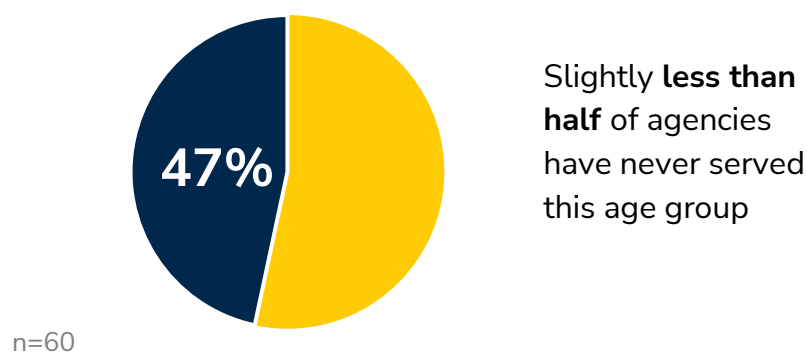
Table 2. Number of additional visits agencies have requested for these families with 18- to 36-month-olds group

Additional home visits	N	%
3-4	5	50%
5-6	2	20%
7-8	1	10%
>8	2	20%
Total	10	

C. Agencies not serving families with children aged 18 to 36 months

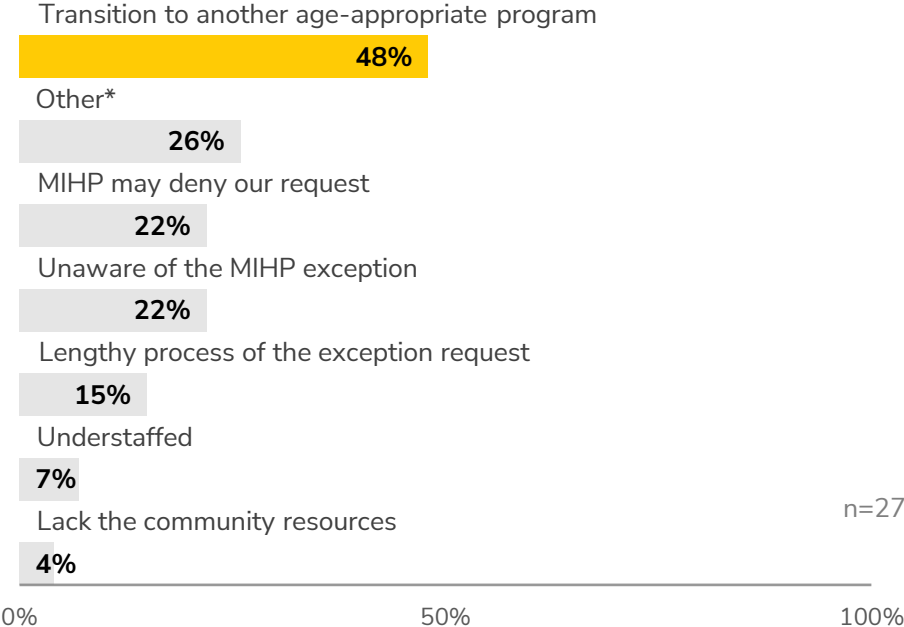
As shown in Figure 7, about 47% of agencies surveyed reported that they have not served families with children 18-36 months in the past two years. The reasons for this are further delineated in Figure 8.

Figure 7. Percentage of agencies that have never served families with children aged 18 to 36 months



Among these agencies, about half reported being able to transfer families to another age-appropriate program. Some agencies attributed their reasons for not providing services to families in this group to MDHHS-related policies. They reported concerns that MDHHS MIHP may deny the request (22%) as it is outside the scope of the program, or that the process of requesting an exception is lengthy and requires numerous steps (22%), or that they were unaware of this exception (15%). Other reasons included staffing challenges, beneficiaries not meeting the exception requirements, or a lack of need or relevant cases.

Figure 8. Reasons why agencies have never served this age group



Notes:
 The “Other” category includes open-text responses: staffing challenges, beneficiaries not meeting the exception requirements, or that there was no need or no relevant cases at that agency.

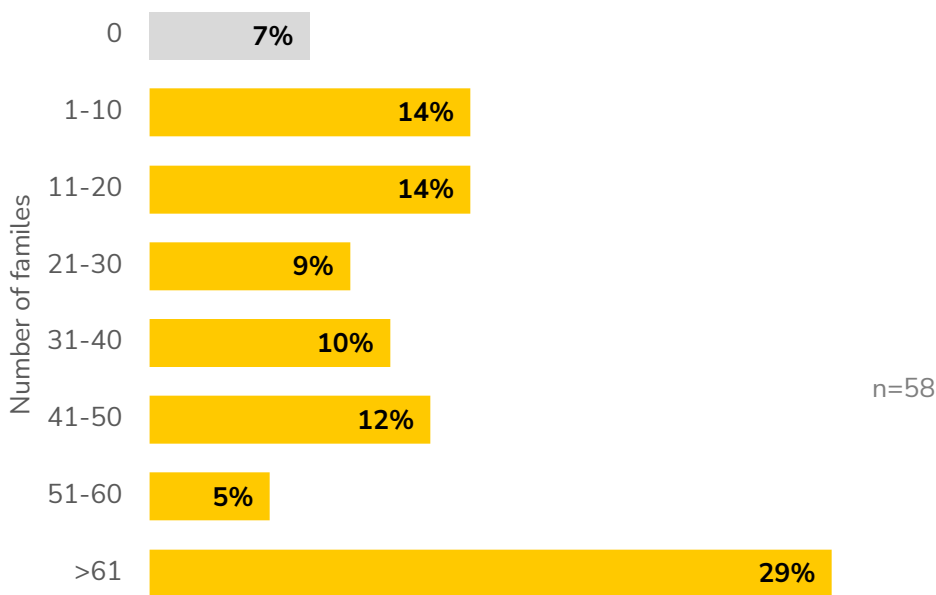
D. Ideal World Scenario

All survey respondents were asked five “Ideal World Scenario” questions to gauge their willingness to continue serving families with children beyond 18 months if adequate staffing, funding, and resources were available.

1. Agencies are willing to serve families with children 18 to 36 months if capacity allowed

Results showed that 93% of agencies expressed a willingness to serve this age group. Of these, 30% indicated they could intake more than 61 beneficiaries in this age group per year. A detailed breakdown of these responses is presented in Figure 9.

Figure 9. Number of families with children aged 18-36 months that agencies would be willing to serve per year



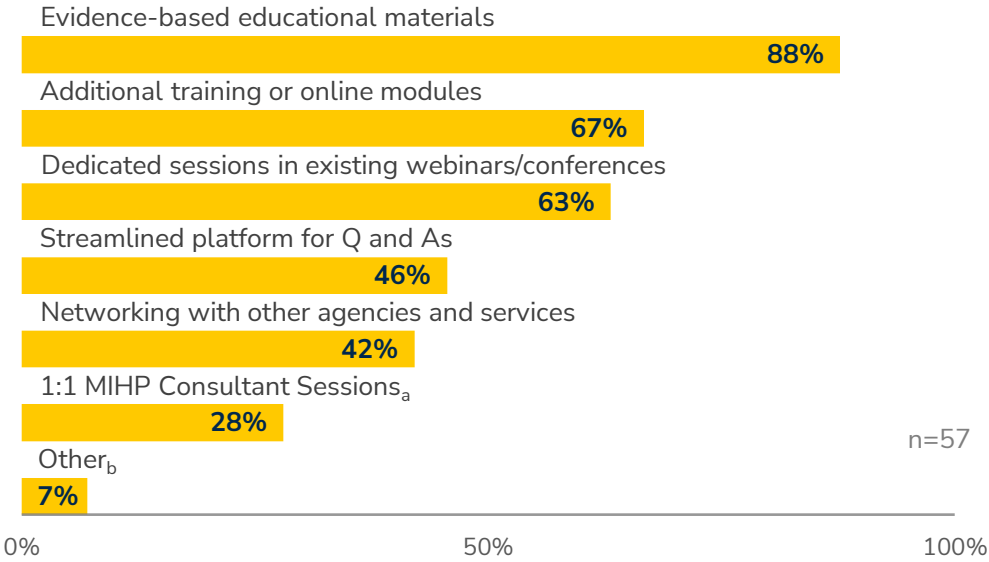
Notes: This does not include the missing data from two agencies.

2. Resources needed from MDHHS MIHP and beyond to support children 18-36 months

Agencies were asked to identify the resources they would need to better support this demographic, starting with those that MDHHS MIHP could provide. The response options were developed based on our conversations with KCHD and with a former agency coordinator who now works with MDHHS MIHP. The former agency coordinator was able to draw upon their prior field experience and current institutional knowledge to offer guidance.

As shown in Figure 10, 88% percent of agencies reported needing more evidence-based educational materials tailored to this age group, such as reading resources within training packets. The next most common request was for additional training opportunities or online modules facilitated by MDHHS MIHP, including workshops, seminars, and May Coordinator Meetings.

Figure 10. Support needed from MDHHS MIHP to fully serve this age group



Notes:

- a. MIHP providers can request a one-on-one consultation session with MDHHS MIHP staff.
- b. The "other" category includes responses indicating funding support and staffing constraints for an increased caseload, even though this "ideal world scenario" question was asked with the premise that funding and staffing were sufficient.

Additionally, agencies were also given an open-ended prompt asking what additional resources or community support, beyond MDHHS MIHP, would be necessary to serve this 18- to 36-month-old age group. While some agencies again reiterated needs already highlighted in Figure 10, such as a stable funding stream and more educational materials on developmental milestones for 18- to 36-month-old children, additional themes emerged:

- **Household Necessities:** Agencies reported a huge need for essential toddler items that beneficiaries ask for, such as diapers, car seats, pack and plays, to distribute to families.
- **Community Partnerships:** Agencies stressed the importance of strengthening social supports, such as connecting families to affordable housing and programs that address basic needs. Many expressed interests in building stronger partnerships with community organizations, including Head Start and *Early On*, to better coordinate services and referrals to extend support for families beyond MIHP.

V. Limitations

As noted above, the Qualtrics survey was administered during the May Coordinator Meetings, where agency staff were strongly encouraged, but not required, to complete the survey. Some agencies did not answer all questions, resulting in missing responses for key data points. Additionally, approximately seven MIHP agencies did not complete the survey, despite follow-up email reminders to encourage participation.

Due to time constraints and limited funding, we were unable to conduct semi-structured interviews with additional MIHP agencies beyond KCHD MIHP. Consequently, findings from the interview with Kent County may not be representative of the experiences of other MIHP agencies in serving families with children aged 18-36 months.

VI. Conclusions

Incorporating findings from a survey administered to MIHP agencies and an interview with KCHD, this landscape analysis highlights a statewide need for providing additional support to families with children aged 18-36 months. The majority of agencies expressed a willingness to support these families, especially if they were provided with additional evidence-based educational materials, more funding support, and enhanced community resources.

Over half of the MIHP agencies reported serving families with children aged 18-36 months over the past two years, after having submitted a request to the health plan for approval and care coordination, with mental health conditions and housing instability among the top concerns these agencies have addressed for these families. In Kent County, where there is a relatively large refugee community, language barriers emerged as the top need. To meet the needs of families in this age population, MIHP providers have connected families to local community resources and referred them to other age-appropriate programs in their area. Funding constraints were identified as one of the top challenges agencies currently face when supporting families in this demographic.

Further analyses are needed to identify available resources and gaps in Michigan, especially in areas where more families in this age group have unmet needs.

VII. Recommendations

Given these findings, we recommend exploring additional funding sources or streams to support a more comprehensive study to examine remaining barriers, evaluate program capacity, and identify sustainable strategies for expanding home visiting programs in Michigan to support families with children aged 18 to 36 months.

Currently, the expansion of MIHP services seems unlikely as Medicaid policy does not allow for MIHP services beyond 18 months of age. While we use MIHP as a model for this landscape analysis, these recommendations extend to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs more generally as well as other programs in Michigan who may consider expanding services to families with children aged 18-36 months.

If continued support can be obtained, we suggest producing a comprehensive statewide resource map, highlighting opportunities for collaboration with existing services, and conducting deeper analyses of requests for extended services. These efforts would strengthen service coordination and improve health outcomes for families.

Identify Resources and Gaps of Services Across the State

A comprehensive statewide resource map could be created to identify existing resources and highlight regional service gaps. For instance, mapping could reveal areas where additional home visiting agencies or related services, such as IMH or housing assistance, are most needed. This information could be used to advocate for expanded programming and ensure beneficiaries have the appropriate support before transitioning out of existing home visiting programs.

Strengthen Collaborations with Community Health Workers and Home Visiting Models

Findings indicate that IMH is a potential option for MIHP beneficiaries to transition into; however, enrollment challenges limit access. Strengthening collaboration and care coordination between MIHP and IMH could help address these barriers. Continuing to establish a streamlined referral process would ensure that beneficiaries needing additional support are connected seamlessly through warm hand-offs from one home visiting model to another. Expanding the presence of community health workers across the state would further reinforce support by providing consistent assistance to both agencies and the families they serve.

These findings align with YPL's [Overview of Home Visiting Referrals in Michigan](#) memo, which highlighted agencies' strong interest in partnering with other home visiting models to strengthen referrals and boost enrollment.

Conduct Further Exception Request Analysis

Additional funding and time are needed to conduct a deeper analysis of both the agencies that request exceptions and the beneficiaries who receive the extended services. Examining agency locations and practices could reveal geographic patterns or themes, helping to identify regions with higher needs and service gaps. Additionally, reviewing the experiences of beneficiaries who received extensions would clarify the reason for these extensions and identify whether their needs were effectively met.

Acknowledgement

The Youth Policy Lab would like to thank the United HealthCare for funding our work.

We would particularly like to thank the MDHHS MIHP team for partnering with us on this important project, as well as the MIHP agency staff who took the time to complete the survey and participated in the interview. This work would not have been possible without the support of our YPL team, particularly Liz Reosti, for her thorough analysis of the data.

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Youth Policy Lab

The University of Michigan Youth Policy Lab was launched in 2016 with a vision for reducing socio-economic disparities through improvements in education and other social policies affecting youth. By developing evidence-based, policy-relevant research in partnership with local and state agencies, practitioners, and policymakers, Dr. Robin Jacob and Dr. Brian Jacob sought to build upon their exemplary careers in social science research by taking research findings out of academic journals and putting them in the hands of decision-makers. With this aim in mind, they have spent the past seven years bringing the resources and expertise of one of the nation's leading public research universities to bear on some of Michigan's most pressing social challenges.

The Youth Policy Lab, a joint research center of the Gerald R. Ford School of Public Policy and the Institute for Social Research, envisions a world where partner-driven and policy-centered research fuels positive social change. Our mission is to inform public policy decisions that impact youth by analyzing data and evaluating programs to help society answer its most pressing questions.