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# Moonshots for Youth Mental Health and Well-Being

EXPLORATION OF BIG BETS  
AND BOLD GOALS

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# ABOUT US

## About the Milken Institute

The Milken Institute is a nonprofit, nonpartisan think tank.

For the past three decades, the Milken Institute has served as a catalyst for practical, scalable solutions to global challenges by connecting human, financial, and educational resources to those who need them. Guided by a conviction that the best ideas, under-resourced, cannot succeed, we conduct research and analysis and convene top experts, innovators, and influencers from different backgrounds and competing viewpoints. We leverage this expertise and insight to construct programs and policy initiatives.

These activities are designed to help people build meaningful lives in which they can experience health and well-being, pursue effective education and gainful employment, and access the resources required to create ever-expanding opportunities for themselves and their broader communities

## About the Center for Strategic Philanthropy

The Milken Institute Center for Strategic Philanthropy advises philanthropists and foundations seeking to develop and implement transformative giving strategies.

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## INTRODUCTION

Although the mental well-being of young people has been [declining for years](#), the COVID-19 pandemic has only [exacerbated existing challenges](#). Multiple stakeholders across the United States are pursuing innovative efforts around young people's mental health, but with challenges to mental well-being so entrenched in our society, this moment calls for reflection and re-assessment.

Countless organizations are engaged in improving young people's access to mental health treatment. These groups have created resources and mechanisms to support young people's emotional well-being and resilience, and to normalize the experience of mental health challenges. However, these efforts lack cohesion and force young people and their caregiving communities to navigate a complex and patchwork system for mental health care and support. Mental well-being must be prioritized at all touchpoints in young people's lives and placed at the forefront of efforts to prepare young people to thrive.

Similarly, the current funding landscape for youth mental health initiatives requires growth and innovation. While funders can make meaningful impacts for individual communities through targeted giving programs, the scale and scope of challenges faced by young people necessitate comprehensive, sustainable, collaborative funding. Funders should be encouraged to explore ways to support coordinated efforts to achieve a shared goal that will transform young people's lives.

Although mental health has been woefully underfunded relative to the burden that mental health challenges pose to individuals and society, issues related to youth mental health and well-being intersect with many other issues that attract passionate commitment from funders such as education, criminal justice, and racial equity. This thematic overlap between mental health and other societal issues offers an opportunity to funders who care deeply about these tangential areas to engage on youth mental well-being while remaining true to their core missions.

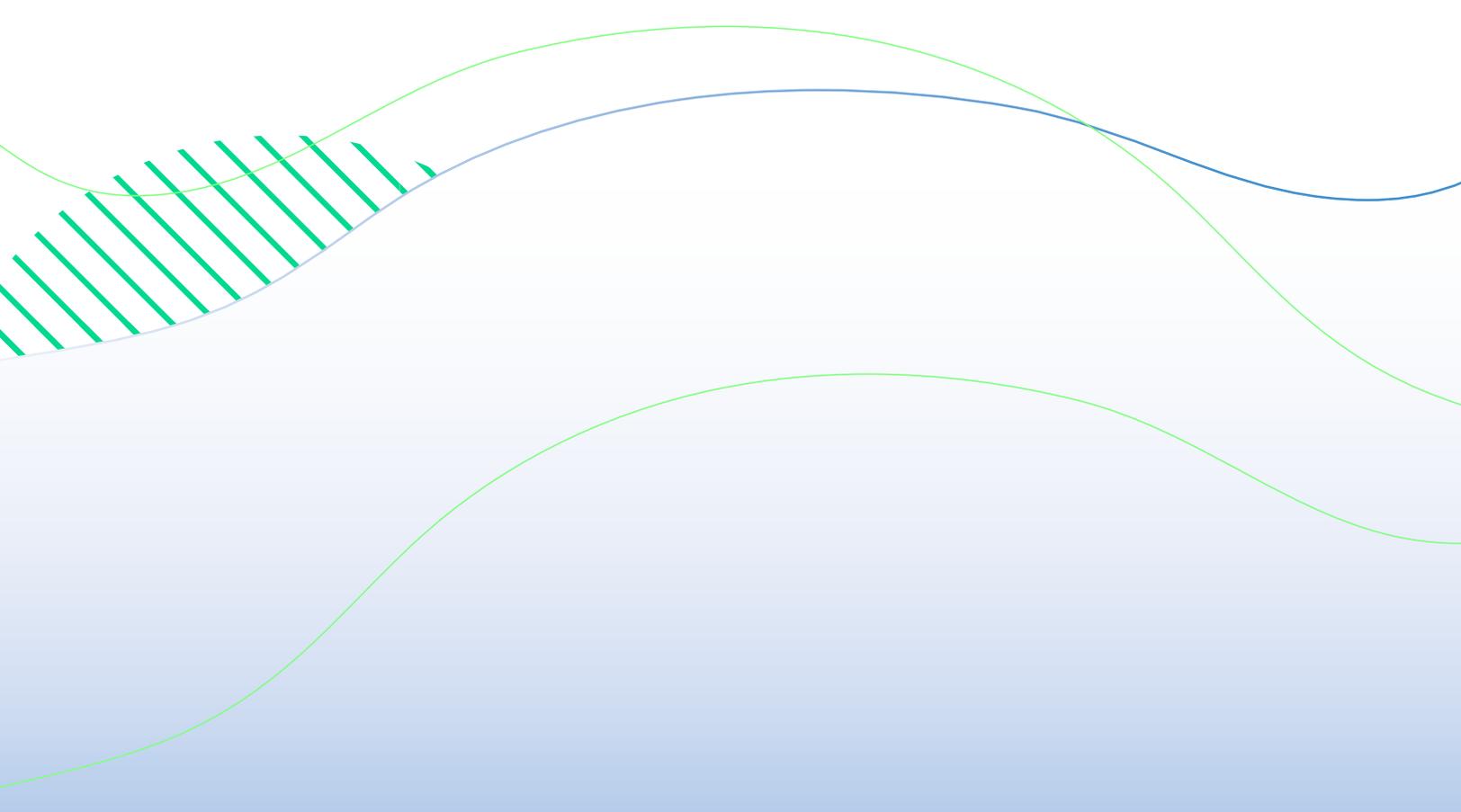
The [Center for Strategic Philanthropy](#) (CSP) and [Hopelab](#) recognize the need for bold goals that can galvanize collective action and funding to address the greatest challenges in youth mental health and well-being. In early 2021, the two organizations convened a diverse group of experts in youth mental health for a design-thinking session. Participants discussed pervasive challenges to young people's mental health and well-being and shared big ideas, that is, moonshots, that if realized, would improve the mental well-being of youth by at least tenfold. During the session, the terms "youth" and "young people" were interchangeably used to describe individuals ages 25 years and under.

This report synthesizes this design-thinking session and identifies four primary moonshots. The Center for Strategic Philanthropy will leverage these goals in its efforts to catalyze philanthropic action toward helping individuals and communities build healthy, meaningful lives.

The mental health community has an opportunity to reframe how society approaches youth mental health and well-being and develop innovative systems, tools, and practices that better support young people. For example, until recently in human history, death from dental causes was not uncommon. Yet education efforts, prevention, and innovations in treatment have reduced those numbers drastically. With bold action, the same could be the case for youth mental health.

We hope that these moonshots serve as common purpose for others already working in this space, as well as an inspiration for funders and stakeholders eager to pursue solutions to improve youth well-being.

***Moonshots: Audacious goals that if realized, would improve the mental well-being of youth by at least tenfold.***



## MOONSHOTS

Four moonshot goals arose from the 2021 design-thinking session. They focus on decreasing the stigma surrounding mental health challenges, increasing access to resources for prevention and care, building a population of culturally competent mental health professionals, and developing objective measurements and interventions that are based on research conducted in partnership with youth from diverse backgrounds. If realized, these goals would transform the landscape of youth well-being and mental health.

Several underlying issues serve as “through-lines” for each moonshot and must be incorporated at all levels of the mental health ecosystem: sustainable and comprehensive funding, equitable access for everyone who needs resources and support, and cultural and linguistic competence of mental health care. These issues are fundamental to the successful implementation of any of the potential paths identified and must be adopted by all stakeholders for any of the moonshots to be realized.

### **MOONSHOT 1** The Worlds of Young People Conspire to Support Their Mental Health and Well-Being

Conversations and practices related to staying mentally and emotionally healthy will be normalized, destigmatized, and treated with the same attention and urgency as physical health. Education around emotional well-being and prevention of mental illness will be emphasized so that challenges can be detected and addressed early before they worsen. Mental health and well-being education and preventative care will be prioritized. Children, parents, and caregivers will have the basic knowledge needed to understand the importance of remaining mentally and emotionally well and the basic skills necessary to recognize early warning signs in themselves and others. As the stigma historically associated with mental illness lessens, policies will be enacted that empower young people to share their challenges openly, seek support that meets their needs, and provide avenues to share their suggestions to improve the mental health ecosystem.

#### **Current Status**

##### **There is a lack of social-emotional education and mental well-being awareness**

For too long, issues related to mental health and mental illness have carried stigma and shame, hindering conversations and transparency that could ultimately avoid suffering and distress. Because there is currently no standard approach or effort to inform young people’s parents, caretakers, or service providers about mental illness and wellness, communities may not understand language and terminology related to these topics and may feel disconnected from the conversation. Without widespread awareness of and education around what social-emotional skills are crucial and how to develop them, the presence and quality of social-emotional education may depend entirely on young people’s specific environments and circumstances.

## Young people and their caregivers need more knowledge about mental health

Young people have a high prevalence of mental health disorders, but they and their caregivers may be poorly prepared to recognize and report their symptoms. The current model of treatment assumes that individuals understand mental health symptoms, can identify warning signs, and can and will proactively reach out for support. Discrimination within the mental health-care system and stigma present additional barriers for young people and their caregivers.

### Potential Paths

#### Introduce concepts of mental health and well-being in early childhood

Educational systems with comprehensive, age-appropriate curricula can expose young children to language and practices that promote social-emotional learning and skill development. These early efforts can teach children to adopt positive mindsets about mental wellness and practice self-care techniques. With a focus on education and prevention, youth mental illness can be reduced, and young people can feel empowered to take charge of their own well-being.

#### Educate new parents and caregivers about strategies to support children's social-emotional development

New educational initiatives can expose new parents and caregivers to skills that support the social and emotional development of their children and help them manage their own mental health. New parents and caregivers face many new responsibilities regarding their child's physical well-being. They already benefit from societal awareness and educational resources focused on physical safety, such as safe sleep practices, car seats, and bicycle helmets. Mental well-being and social-emotional development deserve equal investment and attention. Conversations about mental wellness should begin at home with informed and well-supported caregivers so that young people grow up feeling safe to confide in those closest to them. Given reports about increasing mental health challenges experienced by parents, such initiatives could have a twofold benefit.

#### Facilitate a national conversation about the difference between mental well-being and mental illness to promote prevention and reduce stigma around treatments

A nationwide [awareness-building campaign](#) can be curated to educate people about the continuum of mental well-being to reduce stigma. Efforts to universalize and destigmatize mental health care can help reduce taboos and integrate the need to maintain our mental well-being into the fabric of overall wellness. These conversations must include young people. Campaigns must also use positive language to emphasize the importance of proactive attention to emotional well-being and take place in settings, such as in schools and on social media platforms, in which young people already participate.

## **MOONSHOT 2** A Young Person’s Emotional Support and Mental Health Care Are Integrated across All Health And Social Systems, Ensuring Multiple “Open Doors” for Access

The educational, physical wellness, mental health, and child welfare systems will be coordinated to remove existing barriers to accessing emotional support and mental health care. These previously siloed systems will center the experiences of young people and offer integrated services for emotional support and affordable, quality mental health care that honor intersecting identities. Integrated systems will be robustly and consistently funded so that they remain accessible and easily navigable and thus ensure that there is “no wrong door” for young people and their caregivers to seek support.

### **Current Status**

#### **The physical and mental health systems are not integrated**

The fragmented systems that children and their caregivers navigate—education, primary medical care, mental health support, and child welfare—do not adequately support young people or their caregivers. As young people transition between these different systems, adverse experiences such as trauma, neglect, and abuse can go undetected and mental illness undiagnosed.

#### **The current onus is on the individual to seek mental health treatment proactively**

In the current fragmented system, signs and symptoms of mental health challenges in children must be recognized by a parent, caregiver, or another adult for the child to be referred for treatment and care. This situation exacerbates existing inequalities in access that create multiple gaps through which children may fall as they transition between different systems and developmental stages. Furthermore, young people under age 18 lack the agency to seek support for their well-being or direct their mental health care. Although there are resources for young people under age 18 to obtain care without parental consent, accessing these materials requires research skills and understanding of state laws regarding parental or adult consent, which present almost insurmountable barriers for many youth.

#### **Funding for mental health services or programs is not prioritized**

Mental health programs—especially within education systems—are often the first to be reduced or eliminated when budgets are stressed. The same challenges in maintaining robust and steady funding are an even heavier burden for organizations that serve low-income, rural, or racially and ethnically diverse communities.

### **Potential Paths**

#### **Implement integrative care models within educational, health, and child welfare systems**

Provide comprehensive and sustainable funding to coordinate the disparate parts of the current health-care, education, and child welfare systems—including the foster care and juvenile justice

systems. Information and resource sharing between these systems can ensure that young children will have access to mental health check-ups early in life and have a system of referrals to prevent gaps in care. Early assessment and intervention are crucial to establishing healthy behaviors and detecting the initial symptoms of mental health conditions. Integrated care models that coordinate care providers and share information among these systems have been shown to [save money, reduce mental health stigma, and improve patient outcomes](#). These models also increase accessibility for children and their caregivers because they enable discussion and evaluation of emotional or mental health support needs in one setting instead of several discrete steps for evaluation and referrals.

### **Equip every school with a mental health team to support the emotional well-being of students and refer to treatment partners as needed**

School faculty are important first responders to challenges in children's lives. School psychologists, mental health counselors, and social workers should be made available to parents and students as an integrated mental health team, and the presence and capabilities of this team should be shared with students and their caregivers. School leadership and staff should be incentivized to openly encourage students to proactively engage with the team to focus on wellness and prevention. This mental health team could lead sessions appropriate for various developmental stages that destigmatize and normalize mental health care and teach skills on resilience and other well-being practices.

## **MOONSHOT 3 Every Young Person Has Access to a Mental Health Professional Who Understands Their Unique Cultural Context**

Every community will have a qualified mental health workforce that is culturally and linguistically competent and reflects the diversity of the communities in which they work. Individuals will be incentivized to enter the mental health care field through sustained investments in their training, the elimination of insurance reimbursement disparities between physical and mental health services, and ensuring parity in salaries between those who provide mental and physical health care. Technological tools, such as apps and devices, should be well-vetted and purposefully integrated into a holistic mental health support plan. These tools will support the caregiving efforts of individual mental health providers and thus help the workforce meet an increasing demand.

### **Current Status**

#### **There are too few mental health professionals who are culturally and linguistically competent**

Each community faces its own challenges regarding mental health care and treatment. For example, rural and low-income communities often experience high levels of stigma, low affordability of care, and [shortages of mental health professionals](#). Finding mental health care providers who have adequate cultural and linguistic competence for the communities they serve presents an additional challenge. Rural and low-income areas in the United States tend to be racially and ethnically diverse. Yet, because [the majority of mental health providers are white](#), it can be difficult for many

young people to find providers who share or understand their language and culture. Furthermore, Black, Indigenous, and people of color (BIPOC) and LGBTQ youth face additional hurdles in accessing mental health support that understands the cultural and racial nuances and challenges unique to their communities.

### **Current financial structures do not incentivize a diverse mental health workforce**

Accessing the advanced and professional training required to join the mental health profession presents a major financial obstacle for many people, particularly those from disadvantaged socioeconomic or racially diverse backgrounds. These economic barriers contribute to a workforce that remains overwhelmingly white and mostly unable to understand the lived experience of the communities they serve. Furthermore, mental health services are poorly funded compared to programs focused on physical health and well-being, and providers who work in this space are routinely paid less than their colleagues who attend exclusively to physical health concerns.

### **Technologies that could otherwise support and augment the efforts of the mental health workforce have not yet met their potential**

Despite the proliferation of apps that promote wellness and technological devices that could complement and support mental health treatments, the efficacy of these approaches has not yet been established. Furthermore, ownership of the data generated by these tools and devices is not transparent to individuals and patients, which can dampen their use. Despite the relative ease of accessing these technologies, such as downloading a phone app, the industries behind technological approaches lack accountability for the effectiveness of their tools. Individuals deserve transparency around how and by what degree the industrial complex helps support mental health and well-being.

## **Potential Paths**

### **Train existing providers to understand the cultural context of the communities they serve**

Existing members of the mental health workforce can increase their cultural and linguistic competency by [accessing existing resources](#) to help them adapt their methods to the needs of the communities they serve. Mental health providers could host listening sessions to hear directly from community members, research cultural and linguistic nuances, pursue cultural competence training, offer free language assistance when needed, and hire diverse, bilingual staff who are representative of the community. These strategies should be tailored to individual geographies and communities and incentivized through cross-profession support.

### **Encourage community members to pursue careers in mental health**

In conjunction with increasing competencies for existing members of the mental health workforce, there is an urgent need to encourage more individuals from diverse and minority backgrounds to pursue careers in mental health and ensure that they advance into leadership roles. Efforts could include hosting information sessions at local schools to expose young people to the mental health

profession and encourage them to seek careers in the field post-graduation. Recruitment for mental health programs and positions should take place within community colleges and community organizations to attract more diverse applicants. Financial and educational incentives could offset the cost of pursuing postsecondary opportunities to work in mental health and help ensure that these individuals remain to work within their local communities.

### **Increase provider effectiveness tenfold with technological innovations**

Mental health care is on the cusp of technological change. Researchers and treatment providers are striving to develop new tools and technologies that improve our understanding of specific brain symptoms of mental illness and the effectiveness of treatments. Technologies such as apps and devices can augment the efforts of mental health-care workers by as much as tenfold. These approaches can also be used to deliver more personalized and scalable mental health care. Technology tools can provide a clearer view of a young person's experience outside of a treatment setting, reinforce healthy behaviors, and provide data about treatment compliance and efficacy. To realize these benefits, individuals and patients must have access to the data generated by these technologies so that they can actively participate in maintaining their emotional and mental well-being. The industries behind these apps and devices should be incentivized to do the research required to understand the effectiveness of their technologies and transparently share their findings with consumers to ensure adherence to a "do no harm" ethos.

## **MOONSHOT 4 Implement Objective and Evidence-Based Practices That Are Grounded in Research Conducted in Partnership with Youth from Diverse Backgrounds**

Research focused on the development of objective measurements and evidence-based practices to support mental health will be inclusive of individuals from diverse backgrounds and different lived experiences, including young people and those in BIPOC and LGBTQ communities. The development of standardized measurements will reduce the current burden on individuals and patients to recognize and report their symptoms as efforts improve to systematically evaluate and diagnose individuals struggling with mental health concerns.

### **Current Status**

#### **Measures to diagnose mental health conditions and evaluate the efficacy of interventions are not objective**

Diagnosing mental illness can be subjective. Often, diagnosis depends on an individual or their caregivers' ability to proactively recognize and communicate their symptoms, by which point opportunities to intervene early and prevent further suffering may be limited or have already passed. Despite the volume of data generated by young people as they go about their daily lives, individuals and mental health professionals lack objective measures of mental health and well-being that could be compiled from these data sources. Furthermore, whether or not a treatment or

intervention is effective for an individual is difficult to assess objectively. The lack of standardized and universal methods to detect, diagnose, and address mental health symptoms can lead to inaccuracy, delayed intervention, and poor outcomes for young people.

### **The design, development, and implementation of research does not include youth with diverse perspectives**

Research on and about young people is rarely developed or conducted with young people as active participants. This omission can lead to flawed experimental designs, low engagement with populations of interest, and data that do not accurately represent the lived experience of young people from diverse backgrounds. Ultimately, treatments and interventions that arise from unrepresentative research populations will suffer from reduced efficacy and low uptake.

### **Evidence-based interventions are not prioritized for implementation**

Effective, evidence-based interventions will not matter if not implemented properly or otherwise out of reach for those who need them. Research that focuses on barriers to access and implementation of interventions is therefore critical and must be integrated within systems that young people and their caregivers are already familiar with and can easily access.

## **Potential Paths**

### **Coproduction of research with communities of diverse, young people**

Inclusive research efforts should be undertaken collaboratively with diverse, young people through all phases of research design, execution, and implementation of results. Adopting a community-based approach—such as through community-based institutional review boards or engagement between researchers and the communities in which their research is conducted—will yield more accurate data and better insight on mental health interventions that resonate with specific populations.

### **Develop objective measurements and tools to objectively identify the onset of mental illness and assess the efficacy of interventions**

Research efforts to facilitate objective and evidence-based screening and measurement approaches should be supported. The vast amounts of data that young people already generate through their engagement with technology should be harnessed to improve efforts for screening and early detection of mental health challenges, and integrated into places where young people already spend their time. With improved screening efforts in place, caregivers and mental health-care providers can more accurately detect early signs of mental illness, track the progression of mental health conditions, and better manage treatment and care for young people.

## CONCLUSION

The magnitude of mental health challenges that young people face necessitates the development of a bold vision and the pursuit of audacious moonshot goals. Although the four moonshots presented here are not comprehensive, they represent the beginning of a path forward that could lead to systems change for mental health.

Funders play a critical role in catalyzing progress toward these moonshot goals. With comprehensive, coordinated, and sustainable financial support, the potential paths identified above could meaningfully advance progress toward these moonshots for youth mental health and well-being. Whether support is geared toward closing gaps between social systems or increasing awareness about mental well-being, all investments in this space could positively affect a young person's life.



## APPENDIX

On February 3, 2021, the [Center for Strategic Philanthropy](#) and [Hopelab](#) assembled a diverse group of experts in youth mental health and well-being for a design-thinking session. Participants were encouraged to brainstorm transformative goals that would address the greatest challenges in youth mental health and well-being and galvanize collective action by funders. Experts shared their boldest ideas, identified as moonshot goals, that would improve the mental well-being of youth by at least tenfold. During the discussion, “youth” and “young people” were interchangeably used to describe individuals ages 25 years and under.

No ideas were considered too audacious, and experts did not focus on specific solutions to achieve these hopeful, transformative goals. However, as potential solutions arose, CSP considered them as potential paths forward and consolidated them within the four primary moonshot goals.

## MOONSHOT SESSION PARTICIPANT LIST

### **Carla Chugani, PhD**

Assistant Professor, Department of Pediatrics, Division of Adolescent and Young Adult Medicine, University of Pittsburgh

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### **Kristen Ward**

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## ABOUT THE AUTHORS

**Sylvie Raver** is an associate director at the Milken Institute Center for Strategic Philanthropy. She applies her expertise in neuroscience, mental health, biomedical research, and higher education to identify opportunities where philanthropic investments can have a transformative impact on medical research and health. In her role, Raver provides analysis and advice to individual philanthropists, families, and foundations and implements strategies to deploy philanthropic capital to advance research and health priorities. Previously, Raver worked for the Society for Neuroscience and led the society's global programming and policy efforts around neuroscience training for individual scientists and members engaged in biomedical workforce education and training. Raver received her bachelor's degree from Lafayette College and doctorate from the University of Maryland School of Medicine and conducted her postdoctoral training at the National Institute on Aging.

**Glorimar Barrios** is a senior associate at the Milken Institute Center for Strategic Philanthropy, where she advises individual philanthropists and family foundations on implementing impactful giving strategies focused on education and workforce development. Her current portfolio includes prioritizing student mental health and well-being, community education, and elevating learning science (i.e., understanding the way the brain learns) and incorporating that research into teaching and learning. Barrios joined the Institute from the Community Scholars Program at Georgetown University, a program for high-achieving, first-generation students. She is a Gates Millennium Scholar and an active alumna within the network. Barrios received an MA in educational transformation with a focus on policy and advocacy from Georgetown University and a bachelor's degree in law and society with a minor in psychology from American University.

**Cara Altimus** is a senior director at the Milken Institute Center for Strategic Philanthropy where she leads the Center's biomedical philanthropy portfolio. A PhD neuroscientist, Altimus advises individual philanthropists and foundations on the state of research for various areas including neurodegenerative disease and mental health to identify opportunities where their capital can make the biggest impact.

With more than a decade of experience in neuroscience research, including neurological devices, psychiatric illness, learning, and memory, as well as sleep and circadian rhythms, Altimus has led Center projects ranging from the development of a philanthropic drug development program for neurodegenerative disease to a large patient-perspectives study for depression and bipolar research.

Prior to joining the Institute, Altimus worked at the Food and Drug Administration leading the Neural Interfaces Laboratory, which evaluates the safety and effectiveness of electrical stimulation methods in the brain. In addition to her research experience, she serves as the chair for the Trainee Advisory Committee for the Society for Neuroscience, is an advisor to the Ontario Brain Institute,

and spent a year as a AAAS Science and Technology Policy Fellow developing a neuroscience research portfolio at the Department of Justice. Altimus holds a bachelor's degree in genetics from the University of Georgia and a doctorate in biology from Johns Hopkins University.

**Melissa Stevens** is the executive director of the Milken Institute Center for Strategic Philanthropy, leading its work with individual and family philanthropists and foundations seeking to deploy their capital to make a transformative, sustainable impact. Since co-founding the Center in 2015, she has overseen the creation and execution of strategies that have influenced \$1 billion in philanthropic capital and managed the development of programs and organizations including the Melanoma Research Alliance, the largest private funder of melanoma research.

Under her leadership, the Center for Strategic Philanthropy has more than tripled in size, expanding its areas of expertise to include education and environmental conservation philanthropy, as well as health and medical research. Previously, Stevens was the deputy executive director of the Milken Institute's FasterCures center, leading its growth and expanding its programmatic scope to include the development of a novel financing mechanism for early-stage drug development and building a global resource for large-scale, cross-sector collaboration. She also directed FasterCures' Philanthropic Advisory Service, which aimed to deploy philanthropic capital effectively to advance medical solutions. This ultimately led to the creation of the Center for Strategic Philanthropy.

Prior to joining the Institute, Stevens worked in the health sciences practice of PricewaterhouseCoopers, advising commercial and federal clients such as the US Department of Veterans Affairs and the Qatar Foundation for Education, Science and Community Development. Stevens received a bachelor's degree in biochemistry and an MBA from Pennsylvania State University.



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