



# 2026 GLOBAL CONFERENCE

## LEADING IN A NEW ERA



# PEDIATRIC HEALTH: THE BEST INVESTMENT WE CAN MAKE

**Announcer** 00:01

Thank you for joining us. Please welcome the panel to the stage.

**Savannah Sellers** 00:20

Hello everyone, and thank you for joining us. My name is Savannah Sellers. I'm an anchor and correspondent at NBC News, and we are very excited to have this conversation about pediatric health and the investments that we can and should be making today. And I am honored to be joined on the stage right here next to me by Jaymes Black, the CEO of the Trevor Foundation. Next to Jaymes, we have Joan Steinberg, president and global head of philanthropy at the Morgan Stanley Foundation. Next to her we have Dr. Elizabeth Wells. She's the executive vice president, chief clinical officer, and physician in chief at Children's National Hospital. And next to her, Sherrie Westin, president and CEO of Sesame Workshop, and also the author of "What I Learned from Mom." Please welcome everybody here today. Thank you all for your time. We are going to start by outlining the problem, because we know how little of the US spend is spent when it comes to healthcare on children and investing in their future. And we also know how much of a difference it can make when there is that early intervention, which we will get into later in the program here. But Dr. Wells, if we could start with you, and I want to hear from everybody, though, on what the problem is—outlining just how bad it might be.

**Elizabeth Wells** 01:31

Okay. Thank you, Savannah, and thank you to Milken and everyone for holding this panel. We're really glad to be here today. Starting with in pediatrics, we like to say, "When we save a life, we save a lifetime." And the focus here today on thinking about the investment in children and why we need to be thinking about their health. And so, you asked about the barriers and the problems with the system, and I think we're hoping to not spend the entire panel talking about that. But unfortunately, there's too much to say on that subject. Children and child health, pediatric health, is really undervalued in the way that it's currently paid for, and that's why we're currently relying so much on philanthropy or other sources, or

people just kind of stringing it together for things that we think should really be core services in pediatrics. So, childcare. Children are not little adults. It's really the family that you're working with, and we're working to cure disease, and also care for the kids following that cure or as they go through it. And so, in particular, things that really make a difference in a child's life and help set them up for success in their future are often not reimbursed by our current system. So, there are payment issues, things being either under-reimbursed or just not even having a code for key aspects of care. There are also elements of the lack of support for integrated care. So, we know a team approach is often most effective, but the current payment models for pediatrics are really based on adults, and so it's more of a fee-for-service, single sort of encounter-based approach. Where much more frequently, we would love to have the pediatrician, the specialist, the mental health expert, social worker, together in a room working with the family to really get at what's driving their health needs, and we would love for that to be paid for. So, I could obviously go on, but I think when we think about the structure of our payment models, that's certainly something that currently exists.

**Savannah Sellers** 03:43

Joan, what have you seen?

**Joan Steinberg** 03:44

So I just want to say—this is on the mental health side—so I want to take it one slice down. We have a sort of funnel, if you think about it this way. At the bottom is where you would have more intensive care, so think about beds that are dedicated to kids with mental health issues. There are additional issues that I would say here, barriers to care. One is there literally are not enough of those beds, but there's also a workforce that's inadequate to the need, and a workforce that does not represent the patients that it's serving. So, you literally do not have enough pediatric-trained social workers, therapists, psychologists, psychiatrists at all. And you have a distribution model, because even that small number isn't distributed in any sort of equal way across the country, so you have complete deserts. And then I would just add, you've already heard some of the financial model issues that are out there. We can talk about the fragility of the Medicaid system, which is half of pediatric care. But I would only note in mental health care that before COVID, 1.2 percent of philanthropy went to mental health issues. All, not just kids, all. And it's post-COVID, and now it's 1.7 percent. Yay. But that's woefully inadequate for what's going to affect 20 percent of the population. So, I just want to throw that out there to say that you've got an even worse scenario in the mental health space that systemically makes it very difficult to move the ball.

**Savannah Sellers** 05:03

And I think a lot of people would probably say, “Oh, we've talked about it so much more, though.” I would imagine a lot more funding has flown in, and it has absolutely not.

**Joan Steinberg** 05:06

No.

**Savannah Sellers** 05:07

Sherrie, what about you?

**Sherrie Westin** 05:09

Well, at Sesame Workshop, we've always focused on the early years, because they're the most important when we can have the greatest impact. And I would say just in providing quality early childhood development, those first five years of life, as you know well, are the most important in a child's healthy brain development. And whenever we, whether it's work in humanitarian space or domestic work around pediatrics, the least invested area is young children. And yet, the return on investment is the highest. So, we just see that across the board. Whatever the issue is, if you start younger, you're going to have a greater long-term outcome.

**Savannah Sellers** 05:54

Jaymes, I know in your sector, you're dealing also with a specific set of financial and structural hardships as you work in the space that you do. Tell us what you've seen.

**Jaymes Black** 06:01

Absolutely. To frame the challenge with Trevor, first let me introduce Trevor. Trevor Project is a suicide and crisis hotline for LGBTQ+ young people. We operate in the US and in Mexico. And the challenge that we have in the US is that there are 1.8 million LGBTQ+ young people who seriously consider suicide every year. In Mexico, over 50 percent of LGBTQ+ youth in that country seriously consider suicide every year. So that's what we're dealing with. When we think about the financial and the structural barriers, the number one barrier that we hear is fear. Fear of sharing their particular mental health challenge with a provider, fear of being involuntarily hospitalized, fear of the police being called on them. Fear is a huge barrier with this community. The second barrier that we hear is cost. Many LGBTQ+ young people simply could not afford the mental health care that they required. There's also a stigma in terms of how they are treated in this country, and that certainly is mirrored in therapist offices and doctor's offices. So, the ways in which they are treated, there's a ton of discrimination that happens here. And then if you are an LGBTQ+ young person with a marginalized identity or multiple marginalized identities, so an LGBTQ+ young person that is of color, an LGBTQ+ young person that speaks Spanish, that compounding effect creates even more challenges and barriers. And basically, what it comes down to is that the providers are not equipped to really navigate this terrain and thoroughly and properly support these young people.

**Savannah Sellers** 07:46

Joan, you've described part of what you've seen as a funnel.

**Joan Steinberg** 07:50

Yeah.

**Savannah Sellers** 07:50

Explain that example.

**Joan Steinberg** 07:52

If you think about the care you're getting, the bottom of the funnel is intense. So, think about long-term stays, intensive care programs, sadly ER beds—but we can talk about that, which is the worst place these kids could be, but is where a lot of them end up. And then keep moving up. There is just literally too small a narrow bottom, and so we think a lot about, from a philanthropic perspective, how do you get kids to never go into the funnel in the first place? And I just want to emphasize about kids and mental health, that 50 percent of mental health problems start before age 14, and 75 percent before age 24. So mental health is actually a pediatric issue. Obviously, you don't want it to last into adulthood, but it does sometimes. So really, it's like how do you do interventions and get kids before they even land in the funnel, because the systemic issues in the funnel are so hard to cure that it's really, really difficult. We need less kids ending up so that the beds that are available are being used appropriately, and everyone who needs treatment is getting it. And that means preventing either through early childhood programs which I'm very excited about the work we've been doing with Sesame Workshop. But it may also be early interventions and hopefully less intensive interventions to give kids tools to never end up in that funnel, because chronic disease here is just like other chronic diseases, where it becomes expensive and harder to treat and more intensive. So that's how we think about the funnel.

**Sherrie Westin** 09:14

Well, and I would love to add that I think one of the issues is mental health sounds like an adult issue, right?

**Savannah Sellers** 09:19

Yeah.

**Sherrie Westin** 09:20

And in fact, it is so important that we look at it from the lens of young children. The American Academy of Pediatrics has great concern about the mental health crisis and that impact on young children. So, at Sesame, and Joan just mentioned, we're so pleased to work with Morgan Stanley Foundation to create resources that are designed to help build a healthier emotional well-being, is what we call it, for children at a young age. And to give resources to caregivers, to parents, to families, to help them understand how to build that healthier foundation, even from a very young age.

**Savannah Sellers** 09:54

We're going to get into that partnership quite a bit, and examples, and hopefully something that people in this room can take away how they can help. I do also want to mention, please, there'll be a QR code that goes up throughout this conversation to send in your questions. You have a stage full of experts, so please do send those in for us. Sherrie, I want to pick up on something that you said just a little bit ago—the first five years. And when we've spoken before, you've really gotten into the neuroscience of that, what it is that's happening in those five years, how critical of a time period that is. Take us to school on that. Tell us about that.

**Sherrie Westin** 10:24

Well, I often think how prescient the creators of Sesame were because they focused on the early years, preschool, because children were falling behind. And then secondly, it will get to this, but Joan Ganz Cooney, who created Sesame, also had a hunch that the learning would be deeper if a parent or an adult were watching with a child. And that's why Sesame had celebrities, musicians, humor, parodies. But if you fast-forward 56 years, we have all the neuroscience that shows, in fact, those first five years are the most critical in terms of a child's brain development, the number of synapses forming, and the way a child learns is through that engagement with a caring adult, what's called nurturing care. You've often seen the serve and return of engaging with an adult. So, I just think those years, people often don't understand why it is so critical. But it's not only the physical health, but it's the nurturing care, the emotional well-being, and those connections with adults in those early years.

**Savannah Sellers** 11:33

Jaymes, I know prevention has become a focus for the Trevor Project. Early intervention. What does that look like?

**Jaymes Black** 11:37

So first I want to say that I come to this space not as a clinician, as a CEO, and I come to this work as a former young person who experienced many of the challenges that the youth who contact the Trevor Project are experiencing. So, I have this lived experience. And when I think about early intervention and our prevention work, I first have to, again, frame the issue. And there's three points I want to make. First is that we have to identify the source of the harm. The second is that there is an equity gap in the developmental infrastructure. And third is that the environment is the intervention. And so, when I say

identifying the source of the harm, LGBTQ+ young people are not inherently prone to higher rates of suicidality or anxiety or depression because of who they are. They experience those challenges because of how they're treated and stigmatized. I think that the research framework is the minority stress theory. The plain English version of that is that the environment is the pathology, not their identity. Number two, when I think about the child development life cycle, there's an equity gap, because we've built this runway for children, systems of family and media, healthcare, culture, et cetera, but it was built for only one type of child, or rather, it was not built for LGBTQ+ young people. So, they are navigating a system that was never meant to include them. And so, we send these messages to kids of who they are and who they're supposed to be as soon as they arrive in this world. And for kids whose inner feeling conflicts with that messaging, the harm starts, as you said, it starts very early, right? So, the harm is constructing earlier, then becomes a mental health outcome. And there are these, what I call collision points, that happen for LGBTQ+ young people. In middle school—increased bullying. In high school—family rejection, risk of dropping out of high school. I had to drop out of high school because of those issues. I did not have a support system—and on into early adulthood—and what that tells me is that the intervention needs to happen earlier than the industry has been investing in. And then lastly, the environment is the intervention. Developing a more equitable infrastructure for development is a long-term game. Developing a more equitable environment is a long-term game. But while we are moving towards creating that better world, we know where these kids are falling through the cracks, and we know what that means when we support them. And so, to your point is what does early intervention mean and what are the benefits? We know that a child who has one supportive adult is 40 percent less likely to attempt suicide.

**Savannah Sellers 14:16**

Wow.

**Jaymes Black 14:17**

We know that youth who access ongoing therapy have a suicidal ideation rate of 46 percent, versus those who only have a crisis hotline as their only means of support of 75 percent. So, when we start to support these kids and provide these welcoming environments, it not only decreases their risk, it unlocks potential. The potential to finish school, the potential to go on to college, to start to communicate and be a part of their society. And so, survival should not be the goal for these kids, it should be flourishing. And we know that flourishing is absolutely something that is achievable when we invest early.

**Savannah Sellers 15:00**

Jaymes, I'm going to give you this follow-up from the audience right now. It says, "This is for Jaymes. What are the things in the sociopolitical landscape that are creating barriers for queer young people?"

**Jaymes Black 15:11**

In our national survey of over 18,000 LGBTQ+ young people, one of the strongest demonstrations of how the sociopolitical environment is affecting them is that 90 percent of LGBTQ+ young people say that the

current political climate is affecting their mental health. And so, we hear about youth who are listening to what is being said on television. They are listening to the rhetoric. They are being bullied at school. In one of those surveys, one of the youth said, "I know some of my teachers are affirming, and they like me, but I also know that many of my teachers are transphobic because they believe what's happening on the television, and I don't feel safe around them." So, we have to think about that these young people are listening, and the political environment is certainly affecting them and affecting their mental health, which compounds the issue, and an issue that already existed before we were in this state.

**Savannah Sellers** 16:10

Dr. Wells, what does early intervention and success in that space look like in a hospital, in a clinical setting?

**Elizabeth Wells** 16:17

Yeah. First, I want to thank you, Jaymes, for sharing your background with all of us. It really can be difficult to do that, and it's so meaningful, and I've enjoyed getting to know you and getting to partner together.

**Jaymes Black** 16:28

Absolutely.

**Elizabeth Wells** 16:28

And I know we're going to do great things. I think what you're saying is definitely resonating with our experience in the hospitals in terms of seeing kids in crisis and knowing that there are evidence-based solutions to help earlier, as well as societal approaches. But in terms of, you asked about the early interventions and what we're doing. Back to the issue of the payment models, unfortunately, often it's the diagnosis that really is the key that unlocks your care. So, you get a diagnosis of a mood or anxiety disorder, and then that puts you on a path towards treatment. We are trying to work way more upstream in the problem, both with community partners and in hospitals. And one of the challenges is how to make this work in our current environment and all of our budgets, etc. But it's so important that we do that. And that really starts with many of the top pediatric hospitals in the country, and we're fortunate at Children's National in Washington, DC, to be in that group. We get to take care of kids across our continuum of care. And so, we are a specialty hospital, and we have a very large primary care practice embedded across our system. And then we also get to work with partners who are pediatricians, so we have a pediatric health network that connects with many pediatricians across Washington, DC. And so together, we're reaching about a million children through this really well-connected group. And so, I think what it means early is looking at population-based care, as well as bringing the highest level of care to the child in front of you, and then trying to make that the standard as you move forward for everyone else.

**Savannah Sellers 18:20**

I know this is going to take innovation in this space. It's going to take people donating money in creative ways, thinking outside the box. Joan, it's actually something that you do a whole awards program for innovation in this space. What is working, and what are you seeing?

**Joan Steinberg 18:36**

A lot is working. It's just real small. And so, when we started looking at this to fund, we realized pretty quickly that niche, cute projects that we were going to slap our name on was not the way to go. This wasn't a brand exercise, and we were really thinking about scale. So, we picked a couple proven winners who had a track record of getting stuff done in this space at scale. But there was just this whole host of really innovative community-based programming, sometimes with a niche audience, sometimes unique programming, that was so underfunded that it wasn't ready for scale. So, we created the Innovation Awards. Just to show you need, though, it's a \$100,000 grant. We do five of them a year. We've just recently increased that. But we've gotten 2,500, 2,600 applications for those awards. So, it means that we've been able to fund some 20-something projects. It's amazing, but we've left thousands on the table. We've added a leadership learning series, which is a capacity-building program. We did not leave all 2,000 gone with nothing. But I think that in a space where there's such a dearth of funding, I just don't want to see these really great ideas choke on the vine because they weren't given the opportunity. And I would just say, as a funder, if anyone here is from one of those little tiny charities, it's a really hard moment for nonprofits. It's a really bad environment. There's been a lot of tax changes. There's been government changes. Need has increased, and charities are caught in the crosshairs. If you're a small charity and you know another small charity doing what you're doing, it's a great time to think about collaborating. Because I do not think that all these charities are going to survive, and I just need to be honest about that. And then I would only just note that, as private philanthropy, we have a really unique opportunity because—if any Morgan Stanley people are in the room, just note that the firm never, is this true, but just in my world, failure is an option. And that's because we can use charitable dollars sometimes to try out projects and ideas, and it's okay if they don't work because we can learn from them and inform the field. And there's a bunch of us doing that kind of work. But I just throw that out there, that that's where private philanthropy can be an incredible booster here. It's going to be really hard to find that in a government setting and other things where it's harder to get those dollars without proven outcomes.

**Savannah Sellers 20:46**

And let me ask you this, it came from the audience. What's the single biggest barrier to investing more in pediatric health, and what would it take to overcome it? I'll start with you just as a follow-up to what you're asking, yeah, and Dr. Wells, I'd love to hear from you as well.

**Joan Steinberg 21:00**

I'm just going to say this as a funder because it was my first reaction when we started looking at this. The

problem seemed intractable, and it feels like you're not going to make a difference, and you don't have enough money to fix the problem, and you're like the drop in the ocean issue. So, you have to figure out and do your homework to figure out where you can make investments that will have that impact with the limited dollars you have. We're not trillion-dollar givers, which is what it would take. I can't fix the financing of healthcare. But we have to look at where we can actually make systems changes and big-scale changes, and I think that that's just, frankly, a little harder work on the philanthropist. But it's work that's worth doing.

**Savannah Sellers** 21:37

Dr. Wells, what do you think?

**Elizabeth Wells** 21:39

Yeah. I think prioritization is certainly important, and we feel it on all sides there. I think philanthropy certainly allows us to do things that push the field forward. And so, we're always looking at that as we work together. And so, a barrier being how far can you go, and what is your sustainability plan for an investment? Obviously, we're thinking of two years, three years, five years, but then what happens next? And so, there's certainly a responsibility, I think, on the hospital side, to partner together to think about, is this an accelerator for something that we see a sustainability path? Is this one really innovative solution that's just going to be transformative, and will have a ripple effect? And how are we thinking about it so that we have that alignment?

**Sherrie Westin** 22:29

I'd love to add because Sesame Workshop, while not a tiny charity, is a nonprofit organization. Most people don't realize that. And we're so grateful to Morgan Stanley for supporting our work. But I think it's also important to think about how you're surrounding these issues, not just in the hospital, the pediatrician's office. But the work that Sesame's created, that we've just announced a new suite of resources on emotional wellbeing yesterday, thanks to Morgan Stanley and MetLife. These are to work so that we can reach at scale to give parents resources to reach children. Helping children build, again, the strategies to build resilience. When children are struggling with trauma or emotional issues, mental health issues, it's very hard for them to learn if they're dealing with emotions they can't identify. So, giving children the ability to identify those emotions, understand what it takes, what are the strategies to deal with those, and it's okay to ask an adult. And the other thing that's been so powerful, and Joan has helped us do this, too, is this is materials and resources that not only reach children and families in their homes—but when we partner with hospitals, with Head Start, with community organizations, so that we're providing these resources to communities and to those who need the most. And I think it's a powerful way to also reduce the stigma surrounding mental health so that people understand that it's something we can talk about and something that we should talk about, even with young children.

**Savannah Sellers 24:05**

Let's dig into this partnership a little bit more. So, it's very exciting. It's something that was just announced yesterday, and I think that there's a lot of tangible takeaways for people here. First, explain how it came to be and how it works.

**Joan Steinberg 24:17**

So I'm actually going to back up just a second to say that when we think about that top of the funnel and what's going on there, we think about systems and where you're going to catch kids, and it's not just their parents, it's not just school, it's not just a physician, right? And it's like you want everyone in an entire community to be able to sort of catch a kid who's failing. I mean struggling, not school, although that's part of it. And be able to know what to do to help that young person. And you want to create environments where seeking help is the norm, because that's such a huge part of this—because everyone's going to struggle at some point in their lives, but if you don't go get the help, you can get in trouble. And so, we started out with sort of schools, worked with Jed on a high school program, worked around parents. We started with that, and then we realized that we were missing the little kids. Because sometimes the bad things that happen in their lives, the ACEs, which can really affect mental health, are happening when they're really little. It's not like, oh, you're 14 and suddenly the worst thing happened to you. It started a long time ago, potentially. And so, that's what really inspired us, and there's literally nobody better at working with little kids. And we knew Sesame's reputation for the Head Start program, and I really want to emphasize this. We all love Elmo—we're super excited that there's Muppets on our homepage—but it's actually the rubber-meets-the-road work that happens in Head Starts and daycare programs, where they're working with those daycare providers to teach all of this, and to have those kids get all of this for free and available to them, that really interested us because that's about the whole community now getting the same opportunities and starting really early. And ideally, it gets reinforced in their school, in their high school, in their—as they're aging, this is all getting reinforced in other ways in an inclusive community, which now it's not. But how do we make that their lived experience so that they're not sort of fighting these battles as they're going through, but they have a smoother path, right? Again, nobody goes in the funnel if we can make their lives a little bit better before.

**Sherrie Westin 26:10**

All right. And again, this has been three years in the making, so I think people think, oh, that's a clever, cute video with Elmo.

**Savannah Sellers 26:16**

Yeah.

**Sherrie Westin** 26:16

But there is so much research that goes into what is needed. What are the proper messages? What are the tools parents need? What resources? What will resonate with children? And I think the other research point I would make is when you look at the long-term return on investment, it's—Nobel Prize-winning economist James Heckman has done a lot of research in the area that shows that when we invest in reaching children in those early years, the return on investment is 13 percent. And it's not just in their ability to do well in school. It's long-term health. It's productivity. So, the benefit is to society. I think of it almost as a capital investment when you're investing in reaching children with these important programs at a very young age. So again, I think that the beauty of Sesame being able to do this is the attention we can call to it, the fact that our materials are so engaging for both adults and children. I don't know if people remember, I think it's almost been two years now, but when we were first doing a lot of work around the mental health crisis and emotional well-being, and we had Elmo tweet it. "How's everyone doing?" And it ended up with more than 300 million people that were reached by that tweet. And I think in the first week alone, we were able to drive 17,000 downloads of these resources for parents. So, there's a method to our madness, and there's so much that goes into this work, and you probably haven't watched Sesame lately, but those characters can be amazingly powerful role models. And there's so much we can do that's not just teaching letters and numbers, but helping children build the health, the resilience, the empathy, the understanding. So, it's just an honor to be working with Morgan Stanley and to be able to do this work.

**Savannah Sellers** 28:08

Elmo's tweet broke the internet, I think, when Elmo tweeted that.

**Sherrie Westin** 28:11

Yeah. Yes. Yeah. I think literally Twitter went down. But by the way, the response was not doing that good.

**Savannah Sellers** 28:16

Exactly.

**Sherrie Westin** 28:16

It was the overwhelming—well, and it's breaking down the stigma. I mean, it's a way to raise awareness, and it's—

**Joan Steinberg** 28:21

I was just going to add, if you think about Maslow's hierarchy, that all the things that we would want for our kids in terms of like, "You're going to go to school, and you're going to have the best job, and you're

going to...”—they don't exist if your kid's not healthy you never get off the bottom. There are other things at the bottom. But when your child is born, you don't ask about how smart they are. You're literally like, “How many fingers and toes? Are they breathing?” And I just think it's really important as we think about investment, that's still true. And that's something that you cannot move forward. You're not going to go to school. You're not going to have the attention you need if you're not healthy. And so, I just think if anyone here is interested in funding, you have to look at children's health as one of your pillars because the rest of it doesn't come without it.

**Jaymes Black 29:00**

Can I add something?

**Savannah Sellers 29:00**

Please.

**Jaymes Black 29:01**

And I'm so glad that you mentioned inclusivity. I'm happy to have a seat here at this table because most folks do not understand that LGBTQ+ young people are not included in the pediatric conversations many times. And it's important for folks to understand that we need to include them in our solutions and our conversations. If we're not, then our interventions are not complete. They're not inclusive. And we are dealing with a public health crisis, right? LGBTQ+ youth suicide is a public health crisis. So, this is not something that some charity is doing because it's a nice-to-have. It is truly a must-do for our country, and so I'm really happy that you're mentioning how important it is to include all children in our solutions, not just some children.

**Savannah Sellers 29:46**

Jaymes, tell me also about the way that The Trevor Project is using—we're talking about innovations here—technology, innovation, and what it has allowed you to do as a group.

**Jaymes Black 29:59**

We run a crisis hotline, 24/7 crisis hotline, and let's talk about our modalities. Youth can reach us via text, chat, and phone call. And youth reach us via those modalities for different reasons. So, for example, a 16-year-old in a non-affirming home at midnight probably can't call us, but he can text. A child in distress at school can't pick up the phone, but they can text. And so, we have this diversity in modality to ensure that youth can reach us at the right time that's right for them. In Mexico, we've innovated where we're using multi-chat, so they are actually chatting with multiple youth at the same time so we can serve more young people. The next technology solution innovation I think about is TrevorSpace. TrevorSpace is the world's largest safe space and platform for LGBTQ+ young people. 400,000 members across 180 countries.

**Savannah Sellers 31:01**

Wow.

**Jaymes Black 31:02**

And so this is not only acting as an affirming space as part of the American health infrastructure, it's also acting as an affirming space for many countries who have no affirming infrastructure whatsoever. And then we have to talk about AI, don't we? AI is on everyone's mind, and what we are thinking about AI, we're thinking about it in two ways. One, youth behavior is changing, so they are going to the ChatGPTs and the Anthropics and the Claudes for their mental health needs. That's not where we want them to get their mental health advice. So how do we, as The Trevor Project, sit at the table with OpenAI and the Anthropics and have conversations around how do we ensure that if the LLM signals that a youth is in distress, that they are routed to an organization like Trevor? And then the second way that we're thinking about AI is how do we use AI to accelerate the training process so we get our counselors to the lines faster? We're using AI for role-plays, for example. So, if a youth from Texas calls, or if a trans youth from Minnesota calls, how do you interact with this young person? And that's an in-person process. We are now switching to an AI process and using a role-play software that'll allow them to train faster and get to the youth who need them most immediately.

**Savannah Sellers 32:12**

It's obviously not an exaggeration to say that this technology has literally saved lives. What has it been like to receive feedback? How do you know how well it is doing?

**Jaymes Black 32:23**

How well the technology is doing?

**Savannah Sellers 32:24**

Yes, in serving this community.

**Jaymes Black 32:26**

Oh, we hear from young people all the time, and parents, that tell us that The Trevor Project and our accessibility saved their lives. I was at a conference one day, and a young person walked up to me and said, "When I was 16 and I was homeless, The Trevor Project saved my life because I was able to text a person at 2:00 AM and have a conversation with someone. I wanted to take my life, but that person, your counselor de-escalated the situation and now I'm here."

**Savannah Sellers 32:55**

Wow.

**Jaymes Black 32:56**

“Now I'm 18. Now I'm going to college.” We hear feedback all the time. It's very powerful. The most powerful validators to me are parents, too. When we hear from parents who don't know what to do exactly when they have an LGBTQ+ young person. They're trying to navigate it. They just want to be a loving, supportive parent. And to have Trevor as a resource is really helpful to parents because we are helping their youth navigate these issues that they would otherwise not know how to navigate without the support of an organization like The Trevor Project. And I will also say, our prevention work, I'm thinking about—actually, let me just say one other thing because I'm in California.

**Savannah Sellers 33:31**

Of course.

**Jaymes Black 33:31**

I have to say this. When I think about innovation, one of the things that happened back in July is that, you may have all heard about it, we lost our federal funding. The 988 Press 3 LGBTQ+ youth hotline, we lost that federal funding. And so, what do you do in a situation when nonprofits are under attack, when you're losing funding? You have to innovate, or what I call a forced innovation. And what we did is that we collaborated with the state of California. We knew that the state of California, the youth, and the LGBTQ+ youth in this state were losing resources. So now what we are doing is that we are training the state of California's 988 general operators on LGBTQ+ youth competency.

**Savannah Sellers 34:14**

Wow.

**Jaymes Black 34:15**

So now the youth in this state now continue to have that support and a bridge. Not by Trevor. That's fine. We don't have to be the organization delivering it, but we certainly can train you. And then the other piece that is innovative is that at the beginning of the 2026 school year here in California, all middle school, high school students, and some community colleges will see The Trevor Project's phone number on their school IDs. So, think about how do you continue to innovate and integrate yourself into a system that the government is trying to pull you out of? You have to innovate.

**Savannah Sellers** 34:46

That's incredible. Sherrie, one of the things I think that's interesting, similarly to what we just heard from Jaymes, is Sesame operates outside, of course, of the traditional healthcare system or model, but the point is that you're supplementing the people that are in this sort of widening circle around youth, whether that is their teachers, their counselors, their faith leaders. What is it like to partner with the traditional organizations, and how important is it that organizations like Sesame are doing that work that's not just when a child shows up in a doctor's office?

**Sherrie Westin** 35:16

Well, Sesame's great talent is creating content, and it's creating proven educational research-based content, again, with a very specific curricular goal. So yes, we can reach at scale, which is fantastic, but when we partner with organizations, with hospitals, with community organizations, we're also providing training to those providers so they know how to use the resources effectively. We're also reaching children through pediatricians' offices, through platforms. And so, for us to have the ability to have resources that are going to reinforce those messages, are going to help children identify with the importance of identifying their own emotions, of understanding how to talk about an issue. Like seeing Elmo and his dad in a video that a child can relate to. These are all really powerful tools. But I think the fact that we can reach children where they are—and reach those caregivers who are facilitating that work—is a really powerful way of creating almost surround sound. We need to be involved with the circle of care. It's not just the child, but it's those around them that are there to support them. And I think that's, again, something that Sesame does uniquely well.

**Savannah Sellers** 36:36

Sherrie, also, if we could go back to the partnership with Morgan Stanley, can you just give us some tangible examples of what it meant you were able to do, what content you could produce, who you could reach—

**Sherrie Westin** 36:46

—Well, there's a whole—

**Joan Steinberg** 36:48

—I did not feed her that question.

**Sherrie Westin** 36:49

Well, you can go to [sesame.org](http://sesame.org), and you can find these resources. We just released a whole suite of free bilingual resources that would not be possible if it weren't for Morgan Stanley. And again, so much research goes into them and then into the various topics that we're doing, the various videos. There are

also storybooks. There's content that can be used, downloaded. We're also, as part of Mental Health Month, releasing new books on building relationships. There's even a book coming out now where Elmo asks how you're doing, which takes off on that event before. So, I think the most important thing is we need the funding to create these targeted initiatives and these dedicated resources. And so when someone like Morgan Stanley understands the value and how much it can enhance the ability to reach children and the ability to have real impact around issues that are so important, it makes all the difference of whether or not we can be there.

**Savannah Sellers 37:52**

I'm going to go to audience—

**Sherrie Westin 37:53**

—The other thing I would add, too, is, again, coming back to people just don't think about going as young in those critical early years. When we've done a lot of work globally, particularly reaching displaced children in the Middle East, Bangladesh, around the world, Latin America, and less than 3 percent of all humanitarian funding goes to those early years. And when we talk about how important a child's brain development is in those first five years, it's also when they're most vulnerable to their environment. So, if they're exposed to conflict, to very difficult situations, trauma, it doesn't have to be in a refugee camp, it can be right here at home. In terms of dealing with the ACEs, those situations where a child is struggling literally affects their healthy brain development, literally debilitates their ability to develop. And that's why engagement with a caring adult, that nurturing care, is the one thing that can help mitigate that. So, the children at the age where they have the most to lose and also have the most to gain, receive the least. And to me, that's the great irony and why it's so important that we invest in those early years.

**Savannah Sellers 39:11**

Absolutely. I'm going to go to a couple audience questions. This one is about investment. It says, "I'm curious about strategies to invest in place to improve outcomes for young people." And they give the example; Cincinnati Children's is doing some cutting-edge work to move further upstream. Dr. Wells, I'd love to hear from you on that.

**Elizabeth Wells 39:30**

Sure. So, thinking about with technology to invest upstream. So, there's so much happening in this space, and I think it is an example of pediatrics trying to think ahead of things, get at the root cause, address issues before they start. One thing that I'm really excited about is the use of technology for access to care. And this is developing, so talking about AI and machine learning, of course, we're all doing it. But the maturity and the depth of this work has already progressed so much that we're able to—if you think about the limitations of the workforce and not enough doctors or caregivers and too many kids that need to come in, one of the problems we really need to solve is making sure that we're matching those appointments with actual people and filling quickly. And any of us maybe change our dental appointment

on the fly if something comes up at work. When that happens in pediatrics, that means that some other child is not getting that spot that you had. And we don't want to place that burden on the family, but we want to solve it as a system. And so, I'm excited that we're using AI. I know other hospitals are as well. But it's really advancing and moving along pretty rapidly to do what we used to do with OpenTable, but in a much more sophisticated way. And then think about the kids that are missing their appointments. What's happening with them? What's going on in their community? They're not just somebody to overbook, but they're someone that you really want to reach out to and think about our resources to help that child get the care that they need so that the problems don't develop to the point of a crisis and an ER visit.

**Joan Steinberg** 41:13

Can I just jump in?

**Savannah Sellers** 41:13

Please.

**Joan Steinberg** 41:13

There's a couple charities that have been in our Innovation Awards application pool, some of them have won, that are also trying to address some of these issues. One that matches up medical students with young patients to make sure that they stay on track. Just as simple as making sure they stay on their medications and be trained for that. And then there's also at least two that I know of, Koko's one of them, and Columbia Presbyterian's been doing a pilot of using technology that uses the child's own texting and keystrokes to identify when a young person is struggling, and to deliver single-session interventions. And so, it's really early. I don't think we know for sure how those interventions will play out, but if you think about that, that this is pre-seeing a physician, but already knowing. And by the way, the keystrokes that seem to be the problem is when they're only talking about themselves. And I have a teenage son, and I was like, "That's been true for 10 years." He's fine. But they know now that sort of self-obsession is when it starts to fester a little bit, and then they can use those keystrokes to deliver those interventions. So, there's some really cool tech stuff out there that's more simple than even the system you're describing, but they're working.

**Savannah Sellers** 42:20

You also have given us an example when we've been chatting before this about some innovation that you've seen when it comes to helping in the rural healthcare space.

**Joan Steinberg** 42:28

Yeah. So, I'm sure that folks are aware, but the rural situation is really much worse. And forgive me if I

have my data wrong, but it was like 2019 data, I believe, that Montana, for example, had two and a half times the suicide rate of the rest of the country. But that's really—if you get back to that workforce situation, that's because there's just not the care there. They have complete health deserts. And so, it was a teacher and a social worker created the Rural Behavioral Health Institute. That's the name of the charity. Please look them up. They were one of our first year's cycles of winners, and they realized that you could test an entire high school with a, it's a Columbia Design test that can trigger and show you which kids are struggling. They partnered with the health system in Montana, which was maybe hours away, but the agreement was every single kid in the high school would get tested. By the way, really cheap, and the kids who were flagged as struggling would be receiving same-day care from that hospital—that they would have an immediate intervention. And it's worked, and they've dramatically reduced the suicide rate, and it is so cheap that it's an easy process for any rural state to be able to pick up.

**Savannah Sellers** 43:32

Wow.

**Joan Steinberg** 43:32

And that's what's happening now is, I'm really delighted we were early on, but states have picked up and said, "We need to be paying for this service for our kids." And they've enrolled more and more high schools and more and more health centers. And again, this is where something like telehealth, which didn't exist how many years ago, can be such a crucial factor of getting a care provider and that kid together immediately. So, they don't all have to be tricky and complex and expensive, and I think that's just a really great example of how a structural problem, no doctors, hospital's too far away, care provider's not in space, you can solve it with just some quick and innovative ideas.

**Savannah Sellers** 44:07

Absolutely. Do you have something to say on that?

**Elizabeth Wells** 44:10

Yeah. I love that. The screening tools are really good and they're pretty quick. And they're used extensively in the hospital system but sometimes that's only once a year or twice a year, and so this integration with schools and other opportunities, maybe something on their phones. We're seeing these great ideas popping up in lots of places, and it's really worth the investment when you think about what you're preventing.

**Savannah Sellers** 44:36

I have another audience question here. It's an interesting one, and I do want to say we're winding down soon, so if you have any other questions, please get them in on that QR code. This one—where does

infectious disease and chronic disease fit into this conversation? Thinking about vaccines, food, nutrition. I would love to hear how each panelist, across their specific perspectives, are thinking about these critical issues, especially with so much in the news in the rise of these in pediatrics. Dr. Wells, I'll start with you.

**Elizabeth Wells** 45:01

Yeah. It's interesting. Just even recently, when we think about the history of pediatrics, and my hospital's been around for 155 years, we used to talk about that early pediatrics was about curing infectious disease. That was the crisis of the time. And eventually we did that well, and then we developed great surgical interventions for things that were literally killing babies and children in large, sort of devastating ways that we could shift into the model of care. So, kids are surviving, but are they thriving? And what are we doing to support them after that medical crisis or surgical issue? And now we've come to a place where we're really moving forward in parallel. We need to continue to accelerate the cures. There's so much more that we have available. And then we need to think about the caring aspect as well. And so, we see those two things coming together and trying to treat children in less invasive ways. Our pediatric brain tumor clinic is now treating kids with focused ultrasound combined with gentler chemotherapy, and seeing great results, whereas before, kids might have needed much more intensive treatments. And so that combination, I think, of the caring, the curing, thinking about the long-term outcomes is what's really exciting to those of us working in the field.

**Savannah Sellers** 46:30

Does anyone else want to speak on that one? I know it's medical-heavy, but just because it was asked for everybody. I guess, Sherrie, part of this question was about sort of the politics interacting with what this looks like when it comes to care for children. How does Sesame handle messaging in times that are tricky?

**Sherrie Westin** 46:51

Well, it is true that today is a more polarized world and things that you would think are not political somehow seem political. Vaccinations, other. But at Sesame, we just are always sort of laser-focused on what's best for a three-year-old. And if that can be our North Star, then we make the decisions based on what will be that sort of delivery in terms of our messaging. And there are, even with infectious disease, you think back during COVID. We stopped everything and pivoted to all COVID response. And of course, there was a need to reach children through media, through technology more than ever before, with every child on the planet was out of school, but also to help children understand the importance of washing their hands. There's so much that we can do around behavior change. When I look at water sanitation and hygiene work we've done around the world, it's absolutely life-saving behaviors. So, there is still a lot one can do to help parents and to help children in terms of preventative.

**Jaymes Black** 47:54

Can I say a bit about the messaging really quick?

**Savannah Sellers** 47:55

Please.

**Jaymes Black** 47:56

I think to keep the issue centered on what's best for the kids is exactly the right strategy. And Trevor, we truly are a non-partisan, apolitical organization.

**Savannah Sellers** 48:10

Yeah. Absolutely.

**Jaymes Black** 48:10

And we often say that suicide prevention is about people, not politics. And so what we've realized is that many of LGBTQ+ young folks with certain identities have been politicized. And so, what we're working to do is de-politicize them. And so, it's really important to take the politics out of the conversation. We can have different beliefs. We don't have to agree on everything. That's all fine and good, but we agree that every child should have a safe home. Every child should have an affirming environment. That's where we should be having those shared value conversations, and remove all the politics out of the conversations.

**Savannah Sellers** 48:42

Jaymes, I have a couple for you. One here, we're talking about increasing interventions for young people at the same time as major providers of gender-affirming care are being closed. How does this impact the access for queer young people, including access to all the screening tools we've mentioned?

**Jaymes Black** 49:00

It's a challenging environment because many LGBTQ+ young people have lost their access. And what we are doing is continuing to communicate to legislators, and to parents, and to decision-makers that losing that access results in poor mental health outcomes. So, what we do is that we connect everything in terms of what they're losing and the life cycle, or what they need to have a healthy life connected to the mental health outcomes. So, it's really difficult, and it's hard to navigate because we see youth losing access over and over again, state after state, and we continue to show up and communicate that there is a poorer or worse mental health outcome. And by the youth having the health or the gender-affirming care that they need, that they will have better mental health outcomes. So, it really is communicating the resulting mental health outcome of not having that type of support.

**Savannah Sellers 50:05**

Another question here, and I think AI tools have been mentioned a couple times, asking about the human supervision when it comes to AI conversations with somebody who may be in crisis or struggling in any way. I know that quite a few of you have mentioned that. Jaymes, I'll start here, and we can go down. What does that look like for Trevor Project? Does it exist?

**Jaymes Black 50:25**

No. Well, so we will never put AI in between the youth and the counselor. And so, our ethos is that we will not replace a crisis counselor with AI tools at all whatsoever. So again, we use AI to accelerate training. We use AI to screen where the user is coming from or where the youth is coming from, so then they are better routed to the right counselor. But in terms of needing any type of supervision or human supervision, we're not using AI in a way where it needs that, right? We are really just using it to accelerate ensuring that the youth gets to the right place at the right time.

**Savannah Sellers 51:02**

Dr. Wells, what about in a clinical setting?

**Elizabeth Wells 51:04**

Yeah. I agree. That's really the approach that people are taking, that it's a tool to facilitate care. It's not replacing the clinician. I know when I'm planning my vacations, my AI seems very empathetic to how great I am at planning that. And that's fun. And so, we have to talk about what is going on with the AI and the kids. But certainly, thinking of it as a tool to success, not a replacement for that clinical relationship.

**Savannah Sellers 51:33**

I'm sure you see quite a bit of AI come across people looking for funding in that space.

**Joan Steinberg 51:38**

I do, and I just would say within the mental health space, we really look at the mental health expertise that's behind the project. So, we would not look at a project that's like, "Oh, AI is great. We're just going to do this." Ours is like a mental health professional who used AI as a tool to reach certain students or patients or children, and that's how those things come out. So, I just want to be really careful on that. I completely agree. It's a tool, not an end all.

**Sherrie Westin 52:01**

Well, I think there's also a huge opportunity, again, getting back to young children, when you look at AI. There are both risk and opportunities. And certainly, in terms of health, in terms of individualized learning, especially for neurodiverse children. But I think it's so important that we're also reaching parents to help them navigate as children are growing up in an AI-powered world, like it or not, and parents really need help to have resources to how do they create the strategies and the structure to make sure young children have a digital wellbeing not emotional wellbeing, to have a healthier relationship with technology at a young age, and that we're really focused on the critical thinking skills, the creativity, the things that they absolutely need to grow up in this digital world.

**Savannah Sellers 52:52**

We only have a few minutes left, but I'd love to hear from each of you on this concept of, and we've said it a few times, return on investment when it comes to investing young, investing in healthcare and mental healthcare in children, particularly when we look at them as young as that age one to five. Joan, I think that you kind of put this as it's an ounce of prevention, a pound of cure, and sort of what this can do, what this means to invest now, and then what that looks like as children become young adults and then adults.

**Joan Steinberg 53:25**

I'm sure there are actual numbers. I'm not going to quote them accurately. But giving your child a health is like an entire productive lifetime. So, it's trillions and trillions of dollars of sort of GDP you're talking about ultimately that's going to be generated by all these young people. I would just note that the second most expensive part of all of your employer's insurance is mental health issues. So, if you do not think it's affecting the finances of your company, of your employability, etc., it is. So, there's a lot of money things I just want to throw out there. I'm from Morgan Stanley. I have to at least do that part, although they do not want me talking about anything else because I don't know it. But I think to me, being a philanthropist, the piece that I look at is more the KPIs of what you're actually producing, which is that kid now has a shot at all the other things, the thriving, as we talk about. But you—all the things you're giving them back, if they're not spending cycles being cared for and constantly in and out of. And I'm really talking about depressive and anxiety disorders more than critical illness. I want to be clear on that. There are some nuances. But if you can help a young person learn coping mechanisms, and they do not spend their entire life going in and out of cycles of clinical depression, imagine the productivity and the value that that person is going to bring into their own community, their own lives, their families' lives. That's where the real value is, and I don't have a number for it, but I don't need to.

**Savannah Sellers 54:42**

Dr. Wells, what does it look like for you at a hospital, this investment early? What is return on investment for young people getting this in their life at the right time?

**Elizabeth Wells 54:51**

Yeah. For so many of us, that's why we go into pediatrics. The impact, the fun, obviously. But like we said, really thinking about it over the lifetime. I've been so fortunate. I've been able to attend weddings for kids that had a diagnosis that 10 years prior to the time I started treating them, was truly incurable, or maybe they would've survived, but not had that kind of a quality of life. And so, we know that we're going to be treating disease, treating conditions differently five years from now than we are now, and we know that there's going to be continual improvement, and it's really happening in the pediatric space. And that the big hope is that we can do what Joan just described of interrupting disease in its tracks before it becomes a chronic issue, or early enough to help set someone up for success in the long run.

**Savannah Sellers 55:47**

Yes.

**Sherrie Westin 55:48**

I would just say what I think I've probably said on this panel already, but the investment in giving children at an early age that strong, healthy foundation is the greatest return on investment we can make for society as a whole.

**Savannah Sellers 56:05**

Jaymes?

**Jaymes Black 56:06**

Yep. Agreed, and I can use myself as an example. Had I had early intervention early on when I was about to fall through the cracks in middle school—actually before middle school, because it certainly does happen in elementary—but in middle school, in high school, it would've made my life much easier. And instead, I fell through the cracks. I dropped out of high school. I had economic challenges over and over again, and it's just a miracle that I'm even sitting in this seat having a conversation with all of you, and that I'm able to lead The Trevor Project. But had I had early intervention, and my parents would've understood what to do early on, my life would've been a lot easier. So, I absolutely agree with everyone saying. And I have to also go back to the developmental life cycle of kids and these stages. My sister and I, same house, same parents, same environment, but she saw herself reflected in every developmental cycle, and I didn't. When she had a crush on a boy, they knew what to do. When she was going to prom, my parents knew what to do. So on and so forth, and I did not see myself reflected back. And so that caused inner conflict in myself, and led to many mental health challenges that I had for many, many years. So, I go back to that there has to be equity in that developmental stages, those stages and life cycles, so it is inclusive, so everyone can see themselves reflected back out in society, media, and family, etc.

**Savannah Sellers** 57:34

I would like to think that if you had had all those resources, you still would've ended up being the head of The Trevor Project. I think you're made for it.

**Jaymes Black** 57:40

Thank you.

**Savannah Sellers** 57:42

Jaymes, Joan, Elizabeth, Sherrie, thank you all so very much. Fascinating conversation, and a really important one.

*Disclaimer: This transcript was reviewed by individuals for accuracy and serves as a reference. However, it may still contain errors or omissions. Please verify any critical information independently.*