



HILLSIDE®

Compassion • Connection • Community



135

years of service

a year in review



Dear Hillside Friends,

This year's annual report celebrates the incredible milestone of Hillside turning 135.

As a homegrown, Atlanta-based entity, Hillside has evolved along with the needs of our community. Hillside opened its doors in 1888 as a shelter for homeless women and children. Initially named Home for the Friendless, it was one of Atlanta's first community-based, charitable organizations. Since its early days, the organization benefitted from the interest and support of the Kiwanis Club of Atlanta, which helped attain its initial eight acres (now 13 acres) of land in Midtown to develop the Hillside campus. The Club also funded the construction of one of the first Hillside Cottages which bears the Kiwanis name to this day.

Hillside's enduring passion and dedication to supporting vulnerable youth continues as we serve over 800 children and teens annually. We are so proud of how far Hillside has come and am grateful to our dedicated team of psychiatrists, nurse practitioners, therapists, nurses, and behavior specialists who partner with families to help them on their journey toward healing.

Thank you for being a part of this latest chapter in Hillside's history. Please help us meet the increased demand for our services and create a brighter tomorrow for more young people in Atlanta and across Georgia by making a donation today.

Emily R. Acker
President & CEO,
Hillside, Inc

Russell Wagner
Chair of the Board,
Hillside, Inc



On behalf of the Hillside Foundation, we are privileged to present the FY 24 annual report and highlight Hillside's incredible achievements.

Hillside has served the Atlanta community for generations, standing as a beacon of hope for the most vulnerable among us. Today, we exist as a solution to one of the most urgent challenges of our lifetime: a nationwide mental health crisis, most significantly among our youth.

As we celebrate Hillside's 135th anniversary, we launch a bold campaign—Care Beyond Limits—to better serve our community and to meet this moment of crisis for youth in Atlanta and Georgia.

Our \$9 million Care Beyond Limits comprehensive campaign represents a pivotal step forward for Hillside to help lead the community response to this crisis. The campaign will increase our residential bed count, bolster community support for critical uncompensated care, make vital capital improvements to our campus, and expand our community programs through partnerships with organizations such as the Boys and Girls Clubs of Metro Atlanta. Through this campaign, Hillside will build capacity to meet the increased demand for our services today and create a brighter tomorrow for more young people in Atlanta and across Georgia by expanding access to life-saving mental health treatment.

This comprehensive three-year \$9 million fundraising campaign will increase our capacity to serve and expand Hillside's community reach to ensure our sustainability into the future by broadening and diversifying our donor base. Please join us as we rise to meet this moment and build a brighter future for the children and families that need us most.

Lance Stafford
Chair of the Board,
Hillside Atlanta Foundation

Evan Pearson
Executive Director,
Hillside Atlanta Foundation



OUR MISSION

Hillside's mission is to help children and families thrive by providing outstanding residential and community mental health services. As our country faces soaring rates of mental health challenges among children, adolescents, and their families, this mission is more critical than ever before. Every day, we strive to fulfill our mission by providing compassionate therapeutic support helping the clients and families we serve build the tools and skills needed for growth and improvement, serving them now and into the future.

MEASUREMENT-BASED CARE

Hillside carefully assesses our clients' treatment outcomes by tracking indicators of treatment progress and success, including those evaluated by valid and reliable standardized measures completed at the start of treatment, various points of care, and at discharge. Since we began collecting this data in 2019, we have amassed more than 10,000 completed bundles across our continuum. As a DBT-Linehan Board of Certification, Certified Program™ most of our measures are designed to assess the skills taught in our program such as emotion regulation, mindfulness, and distress tolerance.

Collection of these data serve two important purposes. First, data are utilized to carefully follow a client's progress. These data, in combination with our providers' extensive clinical expertise, allow us to flexibly customize individual treatment plans to each client's unique needs. Second, we statistically analyze these data to evaluate the effectiveness of our programs so we can identify the therapies and approaches that result in the best treatment outcomes for our clients.

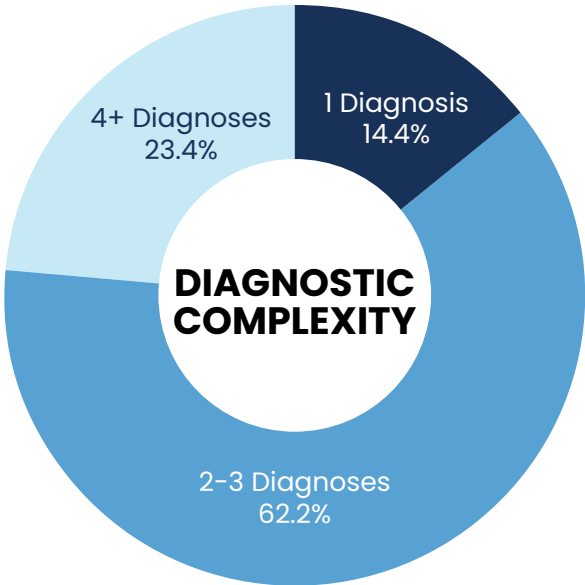
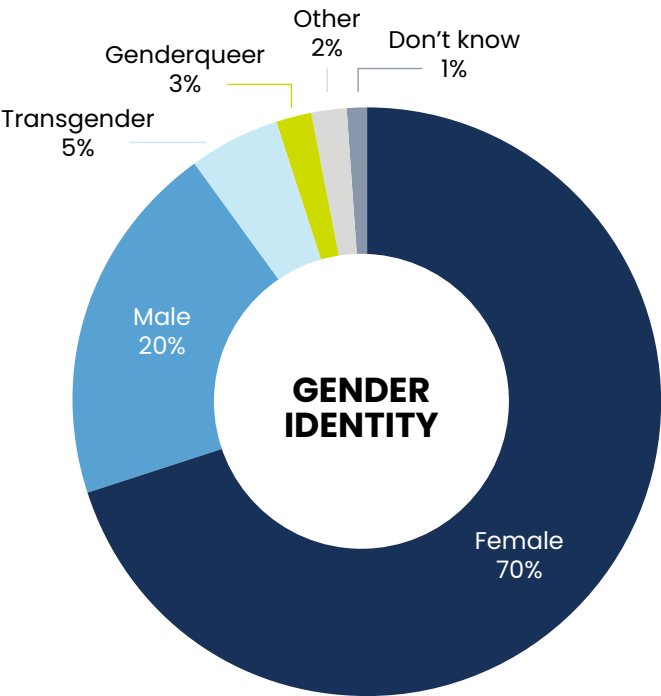
Hillside is committed to transparency regarding the effectiveness of our services. In this year's report, we are proud to share the results of our work from July 2023 through June 2024. This report includes data from 789 clients served in our residential and outpatient programs, including our Experience DBT Day Treatment, and Intensive In-Home Therapy programs.

STATISTICAL TERMS USED

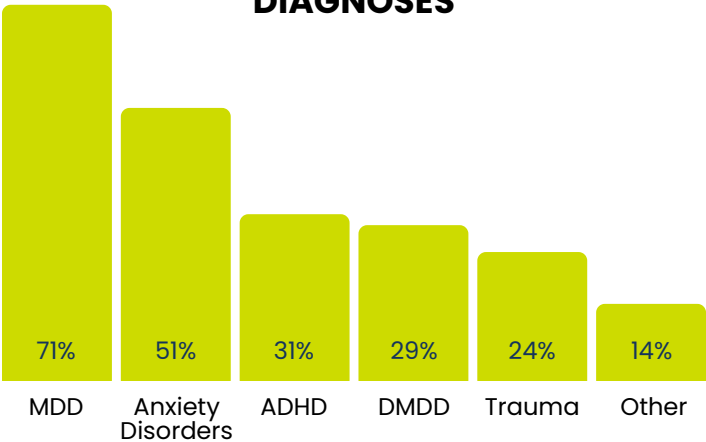
In the following sections, where we describe scoring on our clinical measures, you will sometimes see abbreviations for certain statistical terms; these two terms are **standard deviation (STD)** and **interquartile range (IQR)**. In the most general sense, both values accomplish the same task – they describe how distributed, or spread out, the numbers in a dataset are. A general rule to guide interpretation on these is that a greater value for either term suggests a dataset that is more varied, or the scores are more spread out. Conversely, if the STD or IQR of a particular assessment was low, this suggests clients' scores for that measure were more consistent with one another. It's important to note that what constitutes a "high" or "low" value for either term is completely relative. In subsequent pages, we present visual plots that contain the mean or median scores for a given assessment, along with language that describes whether a higher or lower score for that assessment denotes improvement. In presenting the mean or median scores for admission and discharge, you're able to see clearly whether clients got better or not, in an overall sense. By presenting these other scores, standard deviation and interquartile range, you're afforded an additional glimpse into how different our clients were at those respective timepoints as well.

While standard deviation and interquartile range both describe the spread of the data, there are certain situations where one is more appropriate for use than the other. Namely, the standard deviation of a dataset is more heavily impacted by extreme values (outliers), while the IQR is protected from such influence. The reason for this lies in how each value is calculated, and while we will not describe the method for calculating either value, we do share these nuances for your benefit. We adopted the practice of reporting the **median and IQR** in cases where a dataset contains more extreme values that might otherwise skew the descriptive summary statistics. In situations where the data followed a more normal distribution, we instead present the **mean and STD**.

BIOLOGICAL SEX



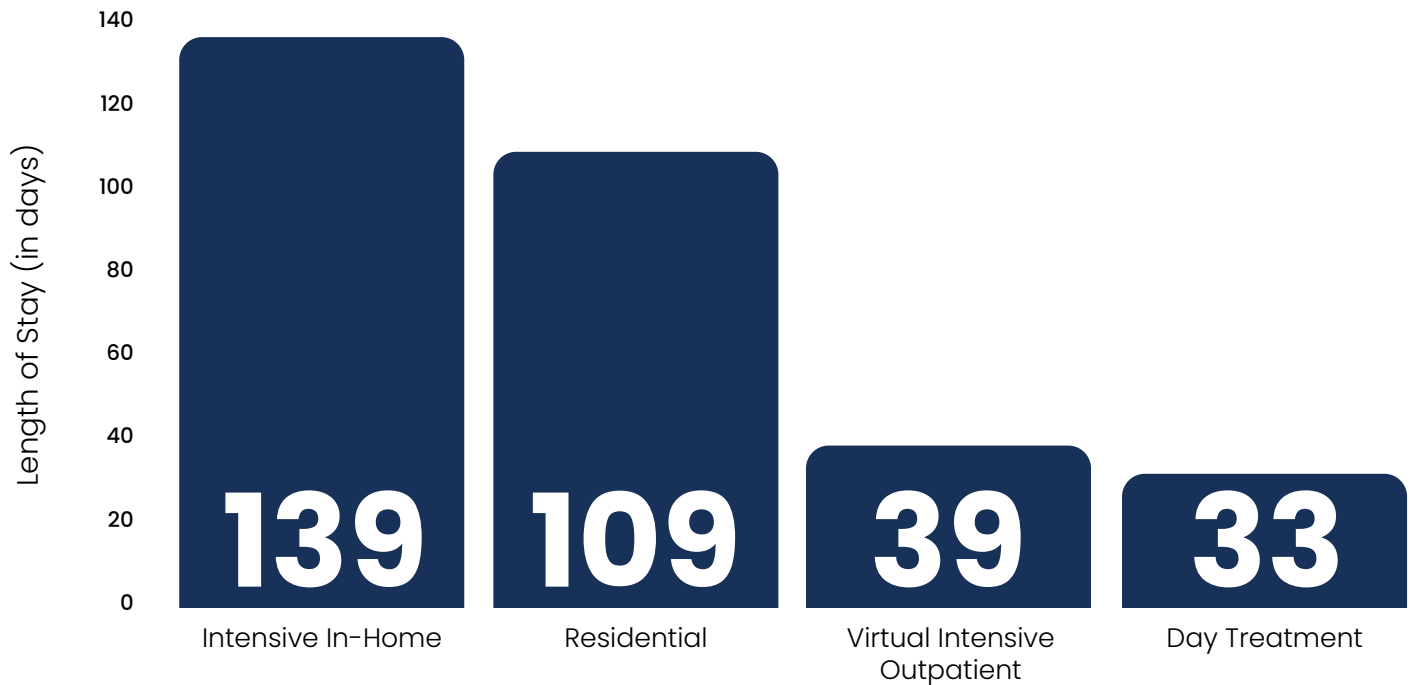
PRIMARY & CO-OCCURRING DIAGNOSES



MDD: major depressive disorder; TRSD: trauma and stressor-related disorders; DMDD: disruptive mood dysregulation disorder; ADHD: attention-deficit/hyperactivity disorder; other disorders include, but are not limited to, bipolar disorder and obsessive compulsive disorder.

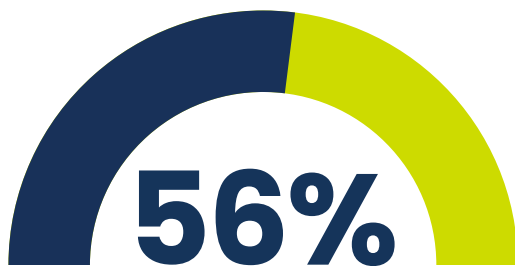
Families often seek Hillside services after their child has received treatment in several outpatient, residential, and/or acute settings, and have treatment needs that have not been met in those settings. Hillside offers a unique residential treatment environment and continuum of services that promote healing and hope, and has successfully treated children and adolescents with a wide array of complex mental health symptoms for 135 years.

LENGTH OF STAY ACROSS PROGRAMS



The data presented below is pulled from clinical history information provided by families during their initial admission into a Hillside program. This data is sometimes left blank for many potential reasons. As such, each graphic should be understood as the percentage of individuals who reported having a history amongst all individuals who provided such information during their admissions process.

SUICIDE ATTEMPTS



reported having at least one attempt in the past

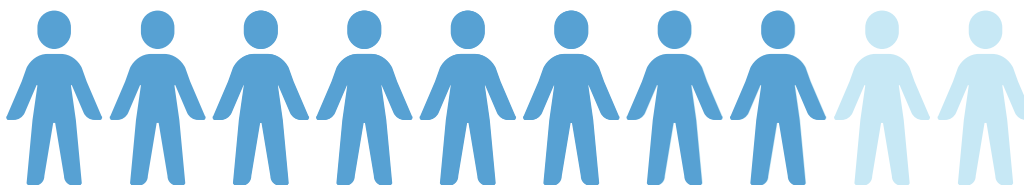
ACUTE HOSPITALIZATIONS



89% of clients

reported having at least one acute hospitalization. For those with a treatment history, the average number of hospitalizations was 4.

SELF-HARM



80%

of clients had a history of non-suicidal self-injury

EMOTION REGULATION

Although often thought of as solely negative, experiencing difficult emotions like sadness, fear, and anger serves an important purpose in our adaptation to demanding and stressful situations. While often unpleasant, the experience of difficult emotions is not always a problem. Rather, it is when we lack the ability to effectively manage our emotions in healthy ways that problems arise. Lack of healthy emotion regulation strategies and emotional dysregulation are common among many mental health disorders and linked to negative outcomes across the lifespan, including self-harm, suicidality, and health risk behaviors. **At Hillside, we help adolescents cultivate effective and healthy emotion regulation skills and measure individuals' progress in their ability to manage their emotions.**

MINDFULNESS

Over the years, there has been mounting evidence of the positive impact of mindfulness. Mindfulness involves being in the present moment and observing feelings and situations in a non-judgemental way and has been shown to improve mental health outcomes and contribute to an overall greater sense of well-being. At Hillside, we see mindfulness as an important tool in a adolescent's toolbox of skills and work with them to develop and hone this ability. **We measure each client's progress in this area throughout treatment.**

DISTRESS TOLERANCE

Everyone feels overwhelmed by strong emotions and difficult situations sometimes. However, when we feel this way too often, it can lead to difficulty functioning at school, home, and in social situations. A lack of tolerance of distressing emotions and situations is often seen in children and adolescents struggling with their mental health and can lead to attempts to avoid feeling distressed by using harmful coping strategies like self-harm and substance use. Hopelessness among those with low distress tolerance is common, increasing the risk of suicide. **At Hillside, we believe building the capacity to tolerate distress is a key therapeutic ingredient in treatment and we measure each client's progress in their ability to tolerate distress.**



RESIDENTIAL PROGRAM

Hillside's residential treatment program provides intensive mental health care for adolescents struggling with emotional and behavioral challenges. Located in a therapeutic and structured environment, Hillside offers individualized treatment that incorporates evidence-based therapies, including Dialectical Behavior Therapy (DBT), family counseling, and academic support. The program focuses on helping young individuals build coping skills, emotional regulation, and resilience to support long-term healing and stability.

EMOTION REGULATION

The Difficulties in Emotion Regulation Scale-16 (DERS-16) measures emotional dysregulation and has five subscales that measure critical components of effective emotion regulation. Total scores range from 16 to 80, with lower scores indicating lower levels of emotional dysregulation.

There was a significant decrease in total scores and scores on all five subscales at discharge (all p values <.001) suggesting clients had:

- **an overall improvement in their ability to regulate their negative emotions**
- **greater clarity about the emotions they experience**
- **increased acceptance of their negative emotions**
- **an improved ability to engage in goal-directed behavior and control impulsive behaviors when experiencing negative emotions**
- **greater confidence in their ability to use effective strategies to manage negative emotions**

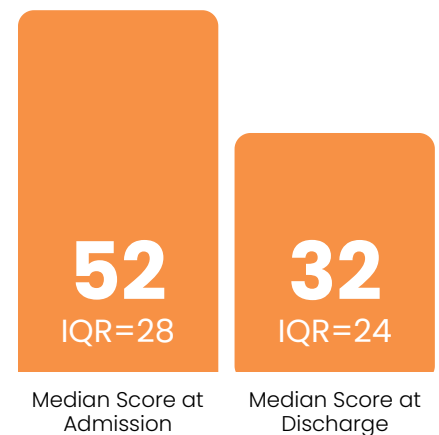
MINDFULNESS

The Child and Adolescent Mindfulness Measure (CAMM) measures mindfulness, specifically in the areas of present-centered awareness and accepting inner experiences without judgement. Total scores range from 0 to 40, with higher scores indicating greater mindfulness.

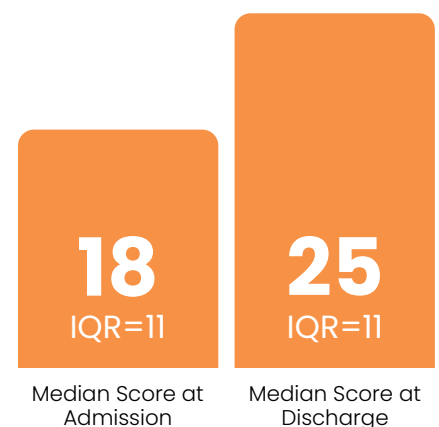
There was a significant increase in scores at discharge (p <.001) suggesting clients had:

- **an increased ability to act with awareness**
- **an increase in nonjudgmental and nonreactive attitudes to negative thoughts and feelings**

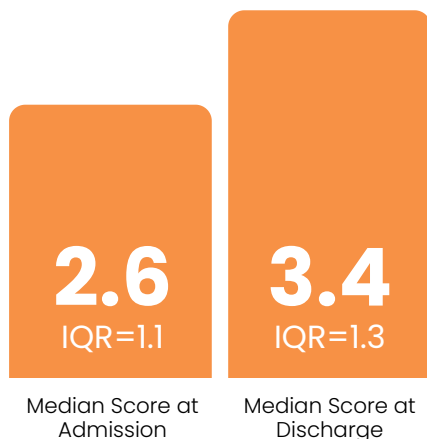
DERS-16 TOTAL SCORE



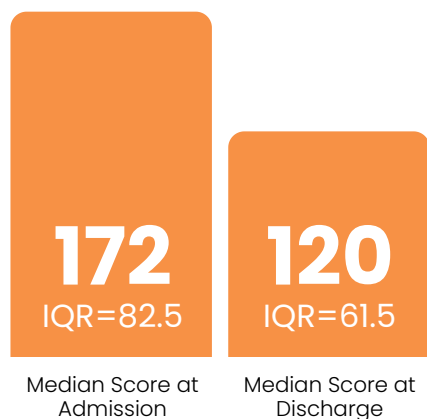
CAMM TOTAL SCORE



DTS OVERALL SCORE



LPI OVERALL SCORE



DISTRESS TOLERANCE

The Distress Tolerance Scale (DTS) measures the capacity to withstand negative psychological states and has four subscales that assess important aspects of this capacity. Total scores and subscale scores range from 1 to 5, with higher scores indicating a greater ability to withstand negative psychological states.

- **an overall improvement in their ability to handle uncomfortable emotional experiences**
- **a greater ability to tolerate distress**
- **a decrease in how overwhelmed they are by strong emotions a greater acceptance of uncomfortable emotions and a decrease in avoidance of such emotions**

LIFE DIFFICULTIES

The Life Problems Inventory (LPI) measure was specifically created for use in adolescents to measure the symptoms and problem areas addressed in DBT — confusion about self, impulsivity, poor interpersonal functioning, and emotional lability — with subscales addressing these four domains. Total scores range from 60 to 300, with lower scores indicating less difficulty in these areas. There was a significant decrease in total score and scores on all four subscales at discharge (all p values <.001) suggesting clients had:

- **a better sense of who they are**
- **improvements in relationships and/or fewer interpersonal problems**
- **a greater ability to restrain from impulsive decisions and behavior and/or less engagement in impulsive behaviors**
- **a increased ability to regulate their emotions and reactions to changes in their moods**



IRRITABILITY

Severe and/or frequent irritability is common in the presentation of many different mental health disorders in childhood and adolescence and has been linked to poor short- and long-term outcomes and increased risk of suicidal thoughts and behaviors. Using the Affective Reactivity Index, the leading measure of irritability in youth, with possible scores ranging from 0 to 12, **we found a significant decrease ($p < .001$) in clients' scores from admission (Mdn=5, IQR=5) to discharge (Mdn=2, IQR=4), suggesting clients had improvements in one or more of these areas: a higher threshold for angry reaction, reduction in the frequency of their angry feelings/ behaviors, or reduction in the duration of their angry feelings/behaviors.**



MEANING AND PURPOSE

Decades of research consistently find that a sense of meaning in life—feeling that one's life and experiences make sense and matter—and purpose in life—having intentions, goals, and a sense of direction—are critical for psychological wellbeing and have been linked to a decreased likelihood of psychological health problems, suicidal ideation and suicide attempts, and greater happiness and life satisfaction. Using the NIH PROMIS Meaning and Purpose Measure, with possible scores ranging from 8 to 40, **we found a significant increase ($p < .001$) in clients' scores from admission (Mdn=29, IQR=17) to discharge (Mdn=36, IQR=9), suggesting clients had a greater sense that their lives matter, have purpose, and are predictable and goal-directed.**



PSYCHOLOGICAL STRESS EXPERIENCES

The detrimental effects of stress are well known. However, the impact of stress on an individual is, in part, determined by perceptions of how unpredictable, uncontrollable, and overwhelming stressful experiences are. When an individual builds confidence in their ability to manage stressful situations and coping skills to do so, their beliefs about stressful experiences, and how stressed they feel, can change. Using the NIH PROMIS four-item Psychological Stress Experiences Measure, with possible scores ranging from 4 to 20, **we found a significant decrease ($p < .001$) in clients' scores from admission (Mdn=15, IQR=6) to discharge (Mdn=11, IQR=7), suggesting clients felt less stressed.**



89%

Symptom reduction and improved functioning are the main goals of treatment. Using the Clinical Global Impression Improvement Scale, a gold standard in clinician-assessed measures of symptom improvement, we found that 89% of residential clients **experienced reductions in their symptoms and decreased functional impairment.**



86%

While clinician assessment of symptom improvement is essential for determining treatment progress, clients' appraisals of improvement are also valuable. When clients feel they have made progress, it can enhance commitment to utilizing the skills gained in treatment and to continuing treatment in the community once discharged. Approximately 86% of clients served in the residential program **indicated that the moods, feelings, and behaviors they were treated for were much improved or very much improved at discharge.**



93%

Helping clients learn how to effectively handle difficulties they face in a healthy way is among the most critical of treatment outcomes. 93% of residential clients **indicated that Hillside residential services helped them do just that.**



DAY PROGRAM

Hillside's Day Treatment Program is an intensive, structured therapeutic program designed for adolescents who require a higher level of mental health support than traditional outpatient care but do not need 24/7 inpatient treatment. The program provides a safe, supportive environment where youth can work on emotional regulation, coping skills, and behavioral challenges while going home each evening to practice the skills they have learned.

EMOTION REGULATION

Among clients in the Day Program, there was a **significant decrease in overall score at discharge on the Difficulties in Emotion Regulation Scale (DERS-16) ($p < 0.05$), a measure of emotional dysregulation. This change indicates that clients were able to more easily regulate their emotions.**

LIFE DIFFICULTIES

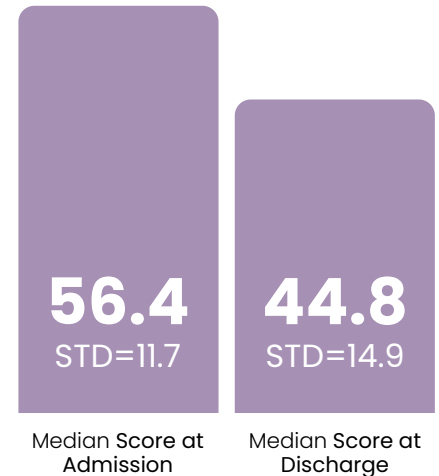
The Life Problems Inventory (LPI) measure was specifically created for use in adolescents to measure the symptoms and problem areas addressed in DBT – confusion about self, impulsivity, poor interpersonal functioning, and emotional lability – with subscales addressing these four domains. There was a significant decrease in total score and scores on all four subscales at discharge ($p < 0.05$) suggesting:

- **A better sense of who they are**
- **Improvements in relationships and/or fewer interpersonal problems**
- **A greater ability to restrain from impulsive decisions and behavior and/or less engagement in impulsive behaviors**
- **An increased ability to regulate their emotions and reactions to changes in their moods**

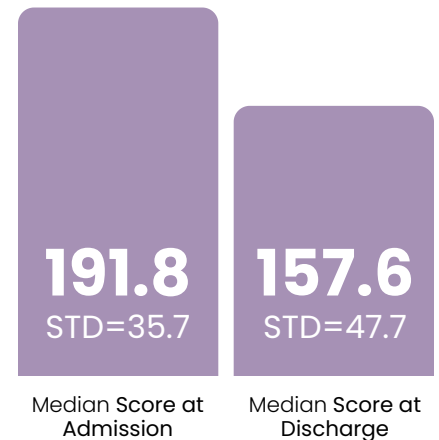
PSYCHOLOGICAL STRESS

Finally, clients served in our Day Program showed a **significant decrease ($p < 0.05$) in Psychological Stress Experiences scores from admission to discharge.** When an individual builds confidence in their ability to manage stressful situations and coping skills to do so, their beliefs about stressful experiences, and how stressed they feel, can change.

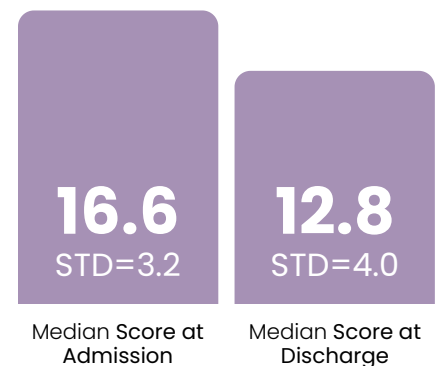
DERS



LPI



PSE





Using the Clinical Global Impression Improvement Scale, we found that 100% of clients served in our Day Program **experienced improvements in symptoms and functioning.**



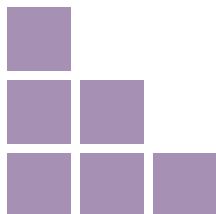
At discharge, 97% of our Day Program clients **reported that the moods, feelings, and behaviors they were treated for were improved.**

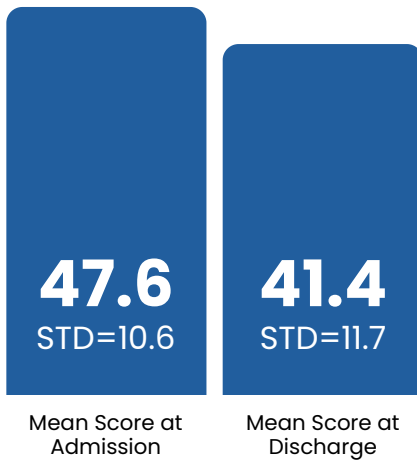
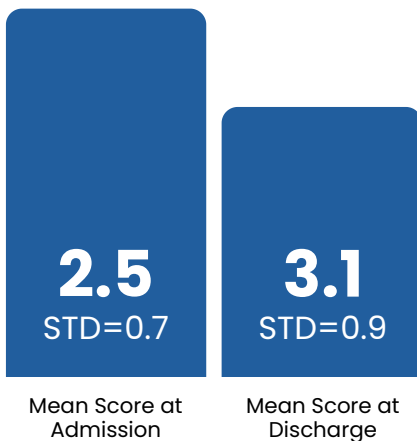


At discharge, 95% of our Day Program clients **reported that they were better able to handle the difficulties they face in an effective way.**



For participants in our Experience DBT Day Treatment Program, 84% of clients **were able to complete the full 240 hours of the treatment curriculum without requiring an increase in level-of-care such as hospitalization or residential treatment.**



DERS**DTS****INTENSIVE IN-HOME**

Hillside's Intensive In-Home (IIH) program provides structured, family-focused mental health services for children and adolescents facing emotional and behavioral challenges. Delivered in the home and community, the program aims to prevent out-of-home placement by equipping families with crisis management strategies, coping skills, and therapeutic interventions. A team of professionals collaborates with families to develop individualized treatment plans, enhance stability, and improve overall family functioning.

EMOTION REGULATION

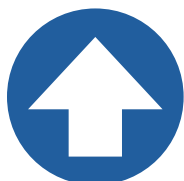
Among clients in the Intensive In-Home, there was a significant decrease in overall score at discharge on the Difficulties in Emotion Regulation Scale (DERS-16) ($p < 0.05$), a measure of emotional dysregulation.

DISTRESS TOLERANCE

The Distress Tolerance Scale (DTS) measures the capacity to withstand negative psychological states and has four subscales that assess important aspects of this capacity. Total scores and subscale scores range from 1 to 5, with higher scores indicating a greater ability to withstand negative psychological states.

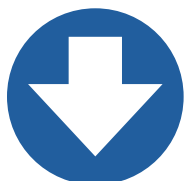
There was a significant increase in total scores and on all four subscales at discharge (all p values < 0.05) suggesting clients had:

- **An overall improvement in their ability to handle uncomfortable emotional experiences**
- **A greater ability to tolerate distress**
- **A decrease in how overwhelmed they are by strong emotions**
- **A greater acceptance of uncomfortable emotions and a decrease in avoidance of such emotions**



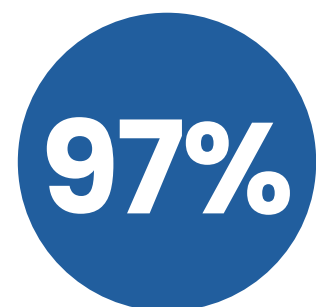
MEANING AND PURPOSE

Using the NIH PROMIS Meaning and Purpose Measure, with possible scores ranging from 8 to 40, we found a significant increase ($p < 0.05$) in clients' scores from admission (Mean=25.8, Std=9.9) to discharge (Mean=30.5, Std=7.5), suggesting clients had a greater sense that their lives matter, have purpose, and are predictable and goal-directed.

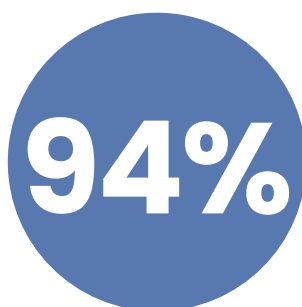


PSYCHOLOGICAL STRESS

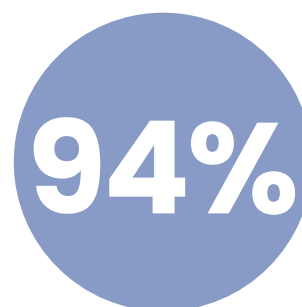
Finally, clients served in our Intensive In-Home Program showed a significant decrease ($p < 0.05$) in Psychological Stress Experiences scores: admission (Mdn=15, IQR=6) to discharge (Mdn=11, IQR=7). When an individual builds confidence in their ability to manage stressful situations and coping skills to do so, their beliefs about stressful experiences, and how stressed they feel, can change.



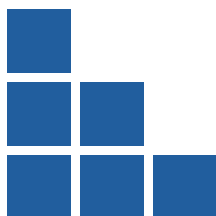
Among clients who received care in Hillside's Intensive In-Home Program, 97% did remain in the home **throughout treatment, requiring no acute hospitalization.**



At discharge, 94% of outpatient clients **reported that the moods, feelings, and behaviors they were treated for were improved.**



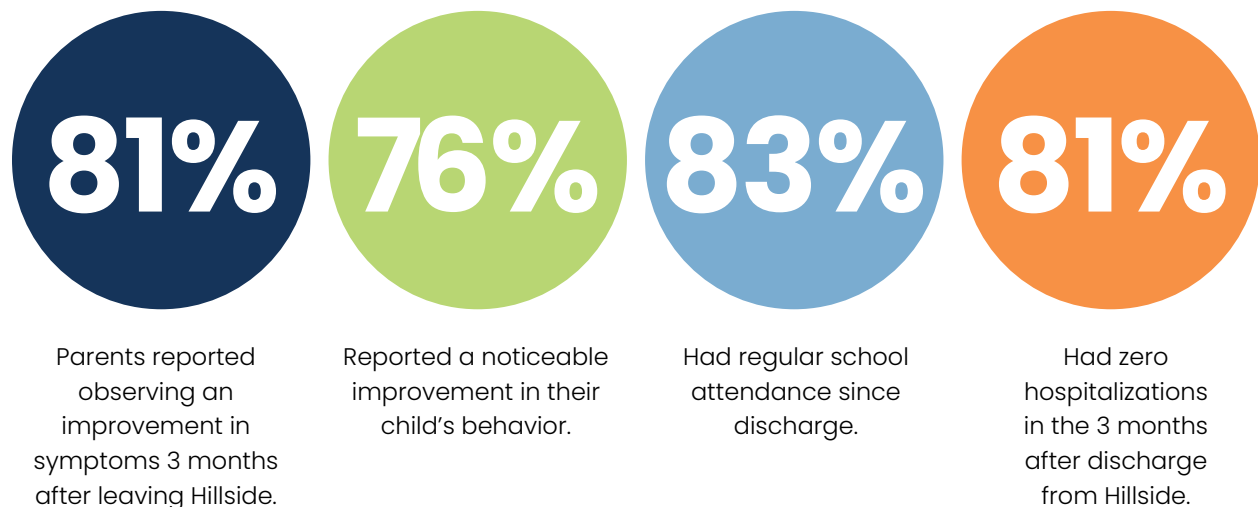
At discharge, 94% of outpatient clients **reported that they were better able to handle the difficulties they face in an effective way.**



POST-DISCHARGE OUTCOMES

In the behavioral health industry, most providers do not collect data on the success of their clients after leaving the program because it is time consuming and expensive. Beyond measuring the immediate success of treatment during care, post-discharge outcomes provide invaluable insights into the sustained impact on individuals' lives; it's not merely about addressing symptoms during treatment, it's about fostering lasting positive changes that endure beyond the treatment period.

Hillside began collecting post-discharge outcomes data in the early summer of 2020. Data is collected from parents of clients three months after discharging from all Hillside services. By diligently tracking and analyzing post-treatment outcomes, we can continually refine our approach, ensuring our organization remains focused on promoting enduring mental health and enhancing the quality of life for our clients and their families.



Glenna's Story



Glenna was in fourth grade when her parents first noticed symptoms of anxiety and depression. She was an active gymnast, which like many performance-based sports, fostered a drive for perfection. This drive created performance anxiety and was also apparent when Glenna didn't want to turn in her school assignments.

One day she came home from school and told her parents that she had got upset and gone to the restroom, feeling as though she couldn't breathe. Glenna hadn't understood what was happening to her, but her parents recognized the symptoms as a panic attack and found her a therapist.

Despite going to therapy and trying different medications, Glenna was still struggling and by 6th

grade she was cutting herself and experiencing suicidal ideations. The family would spend the next three years battling to get Glenna the help she needed.

She was twice admitted to a hospital due to her continued self-harm, but outside of Glenna being medicated and observed, her parents didn't feel they were any closer to getting treatment that would help their daughter.

After the two short hospital stays, Glenna was admitted to a partial hospital program. The treatment there was again focused on preventing self-harm, but there was very little for Glenna to do all day and she was not receiving any specific treatment to address her anxiety and depression. She discharged early.

Glenna's parents, like many who come to one of Hillside's programs were caught in a cycle of hospitalizations and not seeing any improvement in their daughter. It was then that a therapist suggested Hillside's Day Program.

Hillside's Day Program is a 30-day, intensive program offering experiential, immersive, and comprehensive DBT treatment for teens ages 13-17. The curriculum is grounded in Dialectical Behavior Therapy (DBT) and Social Emotional Ethical Learning (SEE Learning.) The treatment goals are for clients to acquire and effectively apply the skills necessary to understand and manage emotions, to feel and show empathy for self and others, and to establish and maintain relationships while living with family, caregivers and others.

For an exhausted family, committing to the program on the 19th December just before the holidays seemed like another mountain to climb. By this time, Glenna had not been in school since August and she was reluctant to come to Hillside. "She broke down the day before she was due to start the program, telling me that she could get better at home, and I almost gave in," says Laura, her mother, "but I knew that she had to go. I knew she needed it."

"It was the first time I didn't cry after she was admitted. The staff were so welcoming and friendly." Glenna's mother said. The first few days were difficult as Glenna struggled to adjust to having a structured routine, but by day four she told her mother, "this is where I need to be."

Glenna found that learning DBT skills and Group Therapy were helpful for her. She appreciated the structure and how everyone contributed without having to explain why they were there. Perhaps most importantly, after her individual sessions with child and adolescent psychiatrist

Dr. Drake, Glenna said that she felt validated for the first time since her symptoms began.

Hillside provides other forms of therapy and Glenna enjoyed Horticultural and Recreational Therapy, arts and crafts and visits from Sunny the therapy dog. She was skeptical about Horticultural Therapy at first, but she really enjoyed being outside in

nature and has since planted her own terrariums at home. Glenna realized through the team games in Recreational Therapy that she enjoys competing.

Glenna's parents noticed a change in her. They would talk on the daily drive to and from Hillside and they could see that she was enthusiastic about what

she was going to be doing that day. For the first time in a long time, they began to relax. It had been several long years of juggling doctor's appointments and family life, often having to request flexible working hours to fit it all in. Now they were dropping Glenna off at Hillside every day knowing that she was safe and enjoying herself.

Glenna has made a scrapbook of all her Hillside memories, including the affirmations that were written in her group the day she "graduated" and completed the program. She still uses this today, looking at it when things feel difficult.

She is still applying the skills that she learned in DBT and regularly checks herself (and her parents!) to make sure she finds emotional

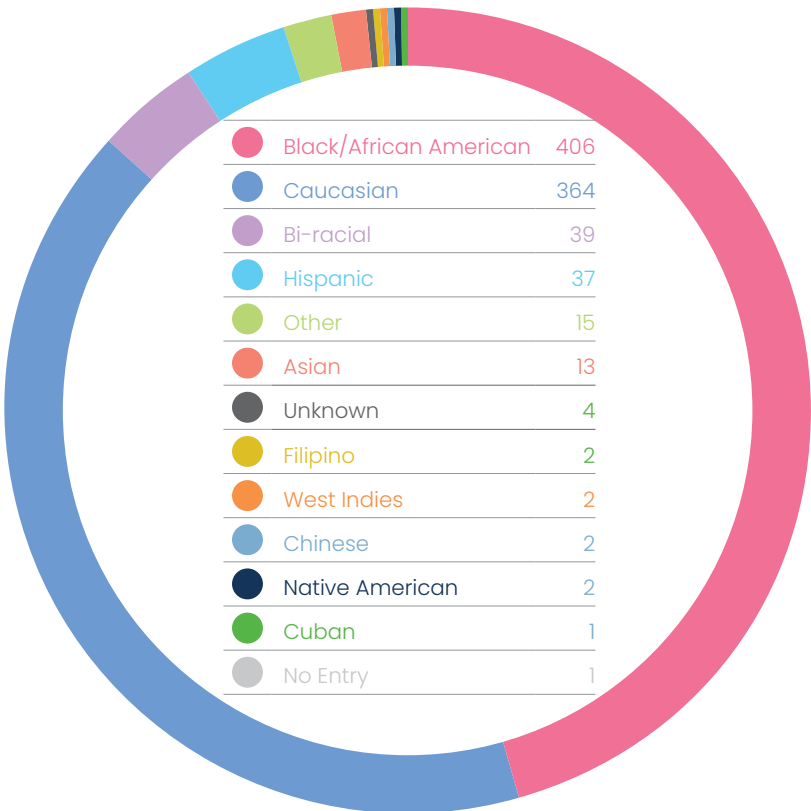
balance in challenging situations and uses her "wise mind." Now that she has graduated from the Day Program, the family is connected with a Hillside therapist and is receiving continued support through the Hillside Intensive In-Home program. They told us "Hillside is the Mercedes Benz of care—this is what good mental healthcare looks like."

"My experience at Hillside changed my life. At first I was nervous and did not want to participate then I figured out the staff and therapists genuinely cared about my well-being and helping me get to a point where I could be more independent and regulate my emotions better than before. The day program at Hillside has a schedule that allows learning for mental health while also making it fun. The skills that I learned here will forever stay with me and the memories I made will always have a place in my heart."

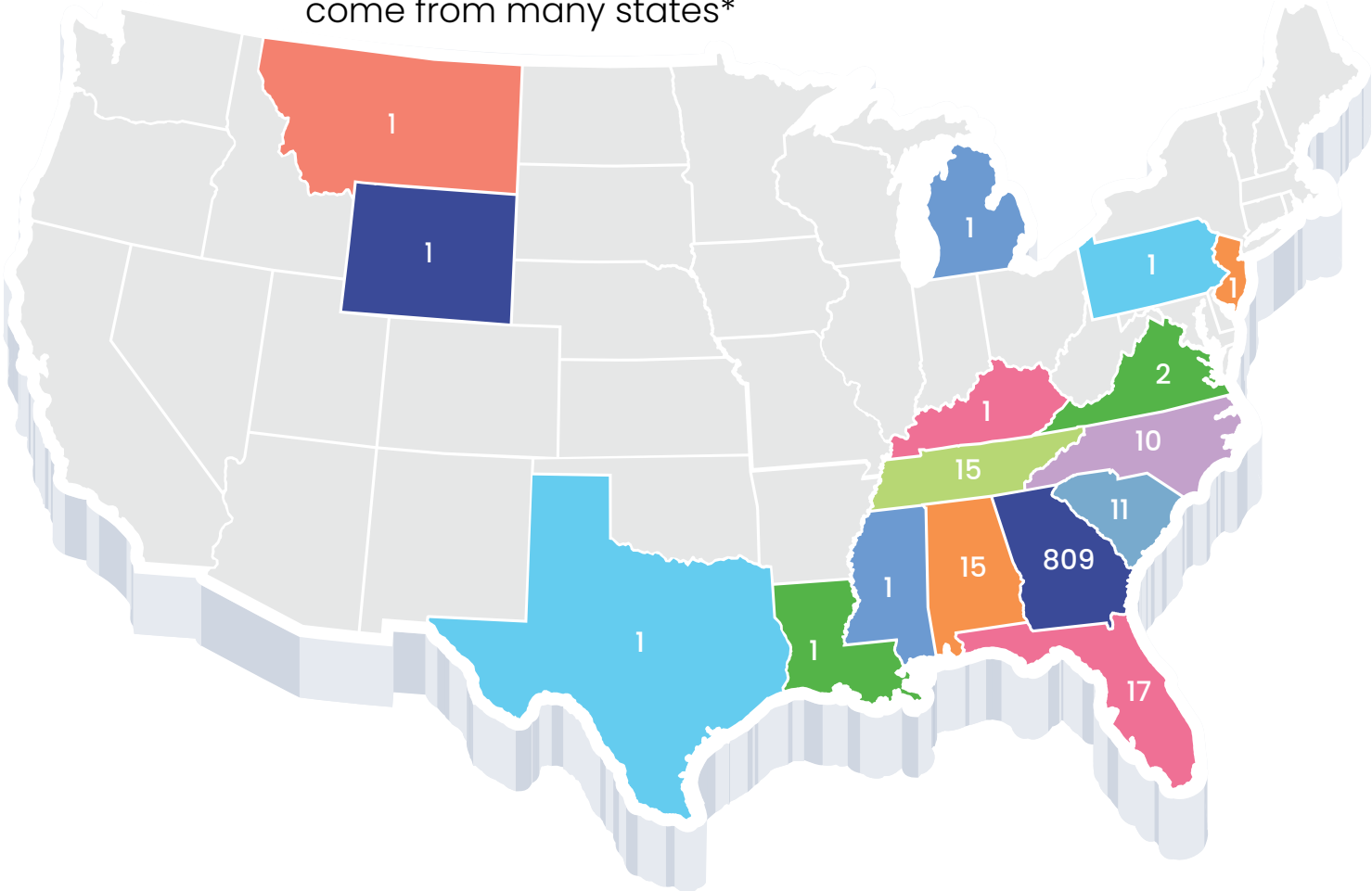
888

total kids served

ethnicity



come from many states*



vary in age...

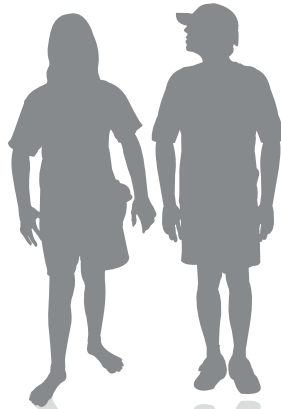
328

547

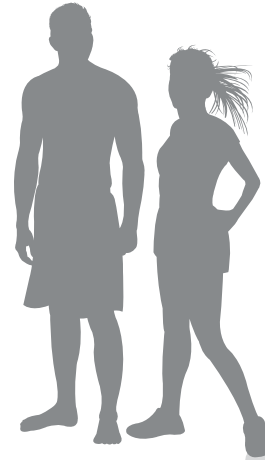
13



6-12
years



13-18
years



19+
years

RESIDENTIAL PROGRAM

345 clients served

Average age at admission: **14** | Average length of stay: **109** days

DAY PROGRAM

93 clients served

Average age at admission: **14** | Average length of stay: **33** days

INTENSIVE IN-HOME PROGRAM

107 clients served

Average age at admission: **13** | Average length of stay: **139** days

VIRTUAL INTENSIVE OUTPATIENT

65 clients served

Average at age admission: **14** | Average length of stay: **39** days

CONNECTING COMMUNITIES

278 clients served

RESIDENTIAL TREATMENT PROGRAM

Service Revenue	19,829,462	86.90%
Department of Education	1,702,788	7.46%
Contributions, Grants, and Other Sources	1,048,526	4.60%
USDA	236,156	1.04%
	22,816,933	100.00%

DAY PROGRAM & INTENSIVE OUTPATIENT

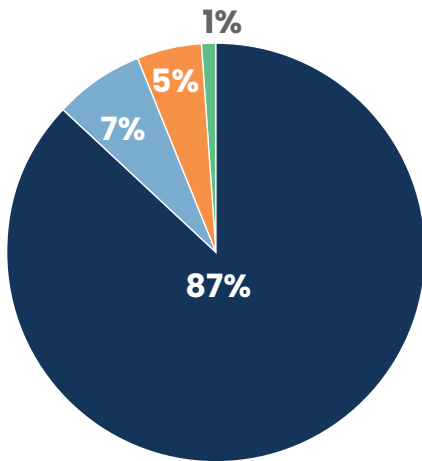
Service Revenue	876,969	100.00%
	876,969	100.00%

COMMUNITY INTERVENTION PROGRAMS (Includes Intensive In-Home & Virtual Intensive Outpatient)

Service Revenue	1,829,050	80.41%
Contributions, Grants, and Other Sources	445,568	19.59%
	2,274,618	100.00%

TOTAL

Residential Treatment Program	22,816,933	87.86%
Day Program & Intensive Outpatient Program	876,969	3.38%
Community Intervention Programs (Includes Intensive In-Home & Virtual Intensive Outpatient)	2,274,618	8.76%
TOTAL SUPPORT AND REVENUE	25,968,519	100.00%



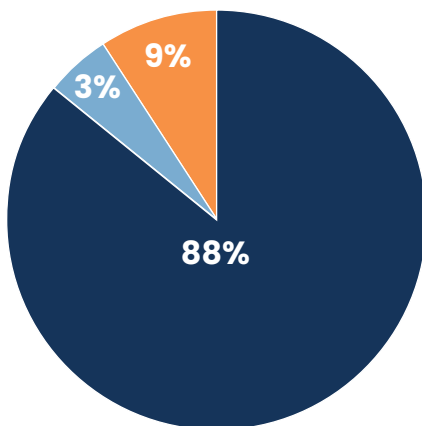
RESIDENTIAL TREATMENT PROGRAM FUNDING BY SOURCE FY 2023/24

Service Revenue

Department of Education

Contributions, Grants, and Other Sources

USDA

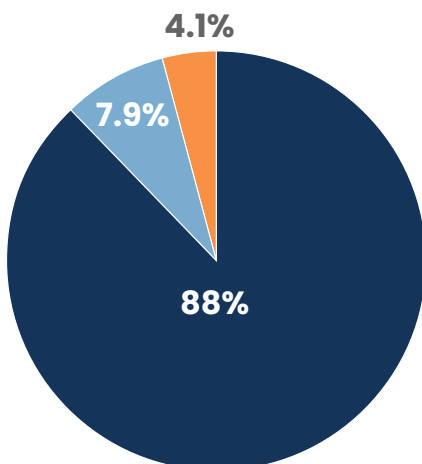


TOTAL REVENUE BY PROGRAM FY 2023/24

Residential Treatment Program

Day Program & Intensive Outpatient Program

Community Intervention Programs
(Includes Intensive In-Home & Virtual Intensive Outpatient)



AGENCY EXPENDITURES BY TYPE FY 2023/24

Program Services

21,645,209

88.0%

Management & General

1,935,536

7.9%

Fundraising

1,009,037

4.1%

TOTAL SPENDING

24,589,782

100.0%



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WSB

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Mrs. Martha Peake

Mr. Sadler Poe

Mrs. Gloria Seymour

Mrs. Faye McDonald Smith

Ms. Peggy Waterfall

Mrs. Barbara Wyllly

business & foundation support

\$100,000 AND ABOVE

Community Foundation for
Greater Atlanta, Inc.
Lattner Family Foundation, Inc.
The Zeist Foundation, Inc.

\$25,000 TO \$99,999

Francis L. Abreu Charitable Trust/
SunTrust Bank
Fulton County Dept. of Community
Development
Kiwanis Club of Atlanta
The Sartain Lanier Family
Foundation
United Way of Metropolitan
Atlanta

\$10,000 TO \$24,999

The AEC Trust
The Harold J. and Duval O. Bowen
Foundation
Thalia & Michael C Carlos
Foundation
Charity Parity Plan, Inc.
DeKalb County Human Services
Emory University
Jack and Anne Glenn Foundation
The Scott Hudgens Family
Foundation, Inc.
National Council for Mental
Wellbeing
PSSF
John and Polly Sparks Foundation
David, Helen & Marian Woodward
Fund
Camp-Younts Foundation/
SunTrust Bank

\$5,000 TO \$9,999

Atlanta Foundation
George M. Brown Trust Fund of
Atlanta
J.C.Kennedy Foundation
Mutual of America
Scana Energy
Team 8 VC
Valcourt Building Services
Whitehead Children's
Christmas Fund

\$1,000 TO \$4,999

ACE Maintenance Solutions, LLC
Allied International Cleaning
Services
Amerigroup
Artistic Painting Concepts LLC
BCS, Inc.
Bright Wings Foundation
Comcast
Core Executive Recruiting
Diversified Computer Solutions,
Inc.
Edna Wardlaw Charitable Trust
Elks Club
Fire Safety & Protection
Full Circle Restoration
Georgia's Wildcat Paving
Georgia-Pacific, LLC
Gray Contracting
KR-Witwer Inc.
LandCare
Legacy Parking
Lloyd Family Foundation
Mayberry Electric, Inc.
McGuire Woods Consulting
Mitec
Morningside Lenox Park
Association
PM&A
REEF Parking
Roof Partners
Rose Garden Club
Ruppert Landscape
Security Solutions of America
SERVPRO of Decatur
SPGA, LLC.
Square Feet Studio
Sterling Seacrest Pritchard
Structural Restoration Solutions
The Surface Masters, Inc.
The Whiting-Turner Contracting
Company
Trane Technologies
Tull Charitable Foundation, Inc.
United Way of Greenville County

Virgil P. Warren Foundation/Truist
Bank, Atlan
Yellowstone Landscape

\$1 TO \$999

AGC of Georgia Foundation
BCJ Building Services
Crawford Investment Counsel
DEA Educational Foundation
Encore on the Square
Gill Heating and Air Cond. Inc
Give Lively Foundation
Keller Knapp Realty
Kendra Scott, LLC
Kings III Emergency
Communications
Kroger
Kudzu and Company
MacKenzie Art Gallery
Northside Kiwanis Foundation
Oak Park LLC.
Perimeter Law Group, LLC
Publix Super Markets Charities, Inc.
Robert Fuhr Consulting

in-kind support

AGC of Georgia
Artistic Painting Concepts
Banyan Street Capital
Beth Tanzy
for the Kid in All of Us
GDS
Ivy Garden Club
LandCare
LCG and Associates
Portman Management Company
ReStruct Engineering
Valcourt Building Services

individual support

\$20,000 AND ABOVE

Anonymous

\$10,000 TO \$19,999

Kerstin and Howard Benden

Betty Case

Rosalinda and Donald Ratajczak

Richard Schwietzer

\$5,000 TO \$9,999

Debby and David Eidson

\$1,000 TO \$4,999

Stacey and Ron Alston

Virginia and Tom Barrow
Fund

Mark Dukes

Sarah and Scott Ellyson

Julia Woodroof and Stacy
Funderburke

Sandy and Tom Gay

Charlotte and Nate Geletka

Brigitte and Derek Gleason

Penny and Zak Grosser

Mary Margaret and David Heaton

Mary and Bob Hughes

Dave Johnson

Carol Lehan

Audrey Morgan

Michelle and Orlando Ojeda

Carlos Ordonez

Gloria Seymour

Valerie and Scott Sikes

Sam Snider

Marie and Lance Stafford

Mary-Crawford Taylor

Laura and Russell Wagner

\$1 TO \$999

Anita and Tom Adams

Susan Adams and Todd Iwanicki

Howell Adams

Anne and John Adams

Turquoise Allen

Jennifer and Nic Allums

Debbie and Paul Anderson

Janet Austin

Barbara Beard

David Bearse

Sanjay Boodhoo

Sidney Booser

Robert Borden

Stephen Wells and Brian Burns

Mary Brittain

Lisa Brooks

Lyndi Brooks

Margaret Ann Bruce and Family

Jennifer Bullock

Carole Cole

Hadyn and Mike Culbertson

Marsha Daubert

Lang Decoudres

Rebecca Dietz

Helene and Bill Downs

Meg and David Downs

Katie Downs

Susan and Daniel Drechsel

Tamma and Ron DuPree

Sarah Eiler

Rhea and Chad Erichsen

Sean Fitzpatrick

Marilyn Fraley

Darell Gingrich

Fifi Ginsberg

Elizabeth Goff

Frank Goldman

Katherine Greco

Paula Guibault

Jackie Hahne

Rob Harding

Machell Harper

Martha Head

Linzie Hearron

Denise Henderson

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Tammy and Tommy Herrington

Charice Heywood

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Carol Levinson

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Richard Orrell-Jones

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Michael Prudent and Craig Pigg

Mike Raczenbek

Mary and Steve Ramsey

Laura and Philip Redman

Eric Richardson

Clare Richie

Marina Rush

Ebru and Allen Sautter

Ann Schoenberg

John Semon

Jordan Sharer

Rebecca Short

Alyson Spickert

Shannon Spillett

Bobbi Cleveland and Stan Jones

Benjamin Stanford

Helen Stephan

Richard Stephens

Sandra Stevens

Paula Tkac

Latife Toktay

Sarah and Tim Turner

Nancy and Rick Wamsley

Alex Wan

Laura Warren

Peggy Waterfall

Millie Wells

Heather Whiteman

Judy and George Wieder

Lauren and Brandon Williams

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Catherine Wilmer

Cindy Wilsky

Betsy and Chris Wilson

Eileen Worthington

Claudia Wyatt

Grace Ann Young

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We need your support to continue providing specialty care to children and families. Your donation is vital to Hillside's ability to expand, enhance and evolve our impactful services. We rely on generous support from the community to deliver life-changing care to Georgia's children and families. Thank you for contributing to our important work!



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Compassion • Connection • Community

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Phone: _____

eMail: _____

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Card No: _____

Expiration date: _____ CVC: _____

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pledge form

☐ Enclosed is my contribution of \$ _____

☐ I would like to make a pledge of \$ _____

☐ I would like to make a monthly donation of \$ _____

☐ Please bill my credit card each month on the ☐ 1st or ☐ 15th in the amount of \$ _____ /month



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