



HILLSIDE®

Compassion • Connection • Community



2025 annual report



Dear Hillside Friends,

Living in a time where we all have a phone in our pocket and the ability to communicate through a variety of apps and platforms, you would think that we are more connected than ever. Unfortunately, at Hillside we see children struggling to socialize and make friends, high levels of school avoidance, and families feeling isolated from their communities as they navigate mental health challenges and the daily stressors of life.

As we look back on last year, we see the importance of connection in the work that we do at Hillside. Our new training facility gave our staff a place to connect and learn. We invested in horticulture therapy, recreational therapy, and Compassion Based Cognitive Training (CBCT); therapies that connect children with nature, each other, and the wider world by learning about how things grow, how to play as a team, and to have compassion for themselves and others.

Almost 900 families were connected with members of the Hillside team including psychiatrists, licensed therapists, nurses, and behavior specialists. These connections led to more connections as families were helped to build a network of support in the community. Most importantly, as kids and families received the treatment and support they needed, they learned to reconnect with one another.

Hillside is very lucky in its connections with partners, including the Boys and Girls Clubs of Metro Atlanta, the Kiwanis Club of Atlanta, For The Kid In All Of Us and the many foundations, groups and individuals who invest in our programs. Through these connections we have helped train the next generation of mental health professionals, delivered Hillside services in the community, hosted psychoeducation classes for parents, and advocated for families. These connections help us to grow our services, find the right treatment for Hillside kids, and to help families in Georgia thrive.

Hillside and its employees are so grateful for our connection with you, our supporters. Many of you have attended our informative panels on mental health, decorated wreaths at our festive Deck the Halls event and served as committee members and volunteers for our campaign.

Just as our families thrive when they are connected to one another, to a network of support and to their community; Hillside thrives when we are connected with supporters who care so much about our mission. We are so grateful for your ongoing support, let's stay connected so that together we can make Georgia stronger, happier and healthier.

Emily R. Acker
President & CEO,
Hillside, Inc

Russell Wagner
Chair of the Board,
Hillside, Inc



On behalf of the Hillside Atlanta Foundation, we are honored to present this year's annual report and reflect on the impact made possible through your generosity and commitment. At a time when youth mental health needs in Georgia are escalating, Hillside continues to stand as a trusted and vital resource for children and families.

For over 135 years, Hillside has evolved to meet the needs of our community. Today, we are responding to one of the most urgent challenges of our lifetime, a youth mental health crisis that demands bold leadership, strategic investment, and collective action. The Hillside Atlanta Foundation exists to ensure that Hillside has the philanthropic resources necessary to meet this moment with strength and sustainability.

Through the Care Beyond Limits campaign we are increasing residential bed capacity, strengthening support for critical uncompensated care, making essential capital improvements to the campus, and expanding community-based programming through partnerships such as the Boys & Girls Clubs of Metro Atlanta. Each investment is guided by one goal: ensuring more children can access mental health care when and where they need it.

The Foundation's role is to mobilize resources, broaden engagement, and steward philanthropic support in ways that secure Hillside's future. As demand continues to grow, so too must our collective commitment to the children and families who rely on Hillside for hope and healing.

Thank you for standing with us and for believing in what is possible when a community comes together. We invite you to continue partnering with the Hillside Atlanta Foundation as we build a brighter, healthier future for the young people who 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 discharge. Since we began collecting this data in 2019, we have amassed more than 10,000 complete 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 this data serves two important purposes. First, data is utilized to carefully follow a client's progress. This 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 2024 through June 2025. This report includes data on clients served in our residential and outpatient programs, including our Day Program, Intensive In-Home program, and our Virtual Intensive Outpatient Program, as well as general demographics data from clients served in our Connecting Communities program.

STATISTICAL TERMS USED

In the sections that follow, we summarize client scores using a small set of descriptive statistics that capture both overall performance and how much scores vary across clients. Mean or median values show the typical score at admission and discharge, making it easier to see whether clients improved over time, while standard deviation (STD) or interquartile range (IQR) describe how similar or different clients' scores were from one another. Larger STD or IQR values indicate greater variability in scores, whereas smaller values suggest more consistency, though these values are always interpreted in context. Because extreme scores can disproportionately influence averages, we report the median and IQR when data include outliers and the mean and STD when scores are more evenly distributed. Together, these statistics provide a fuller picture of both overall change and individual differences among clients.

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.**



CLINICAL

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 emotion dysregulation and has five subscales that measure critical components within this broader domain. Total scores range from 16 to 80, with lower scores indicating lower levels of emotion dysregulation.

There was a significant decrease in total scores and scores on all five subscales at discharge (all p values <0.05) 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**

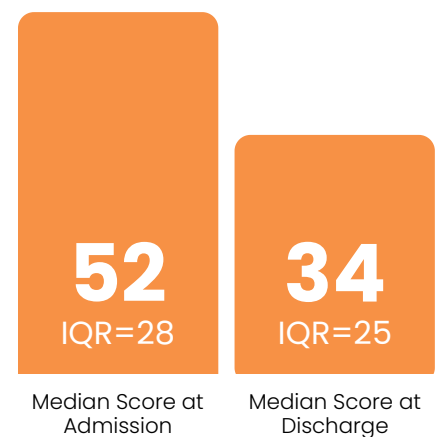
MINDFULNESS

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.

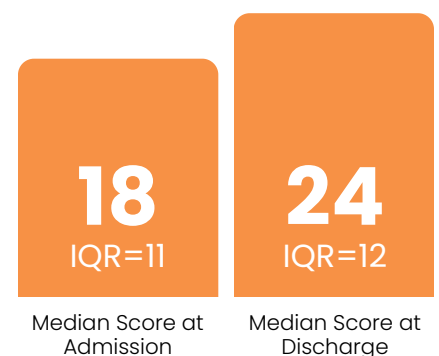
There was a significant increase in scores at discharge ($p < 0.05$) suggesting clients had:

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

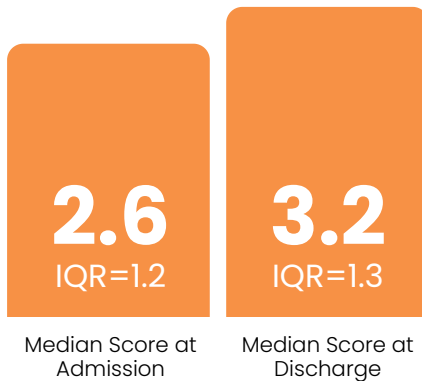
DERS-16 TOTAL SCORE



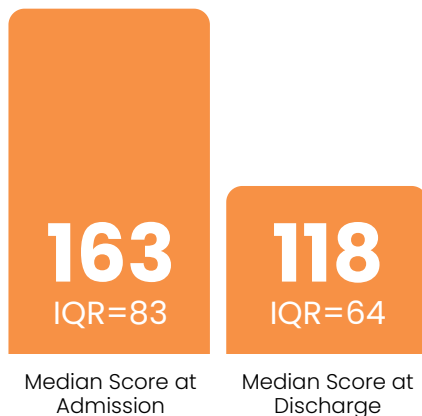
CAMM TOTAL SCORE



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 <0.05) 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 ($p < 0.05$) in clients' scores from admission (Mdn=4, IQR=6) to discharge (Mdn=2, IQR=3), 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 ($p < 0.05$) in clients' scores from admission (Mdn=31, IQR=13) 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 ($p < 0.05$) in clients' scores from admission (Mdn=15, IQR=6) to discharge (Mdn=11, IQR=7), suggesting clients felt less stressed.**

91%

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 91% of residential clients **experienced reductions in their symptoms and decreased functional impairment.**

84%

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 84% 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.**

94%

Helping clients learn how to effectively handle difficulties they face in a healthy way is among the most critical of treatment outcomes. 94% of residential clients **indicated that Hillside residential services helped them to effectively handle difficulties they face in a healthy way.**

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 clients 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 emotion dysregulation. This change indicates that clients were able to more easily regulate their emotions.**

DISTRESS TOLERANCE

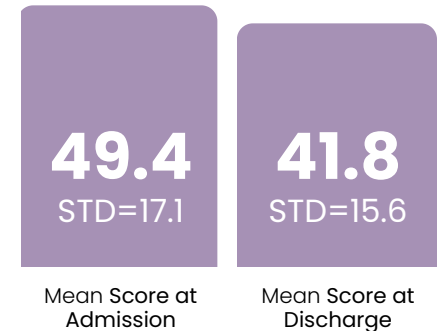
The Distress Tolerance Scale (DTS) measures the capacity to withstand negative psychological states and has four subscales that assess important aspects of this capacity. Total scores and subscale scores range from 1 to 5, with higher scores indicating a greater ability to withstand negative psychological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

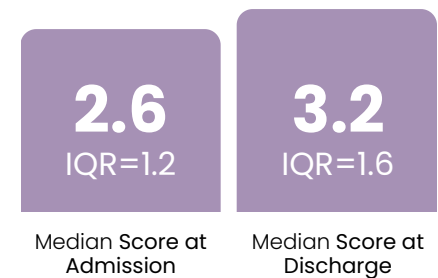
LIFE DIFFICULTIES

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. **There was a significant decrease in total score at discharge ($p < 0.05$) suggesting clients made positive strides in these aspects of their lives.**

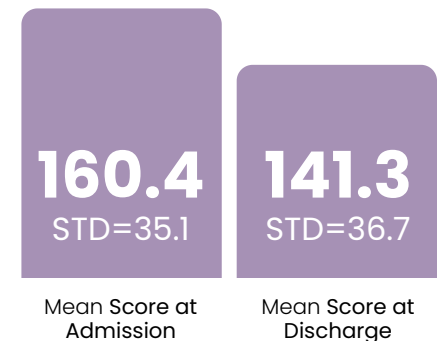
DERS



DTS



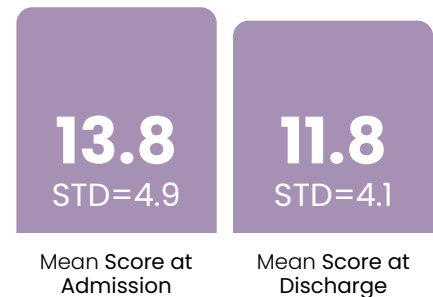
LPI



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.

PSE



94%

Using the Clinical Global Impression Improvement Scale, we found that 94% of clients served in our Day Program **experienced improvements in symptoms and functioning.**

94%

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

85%

At discharge, 85% of our Day Program clients **reported that they were better able to handle the difficulties they face in an effective way.**

75%

For participants in our Day Program, 75% 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.**

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 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 emotion dysregulation. This change indicates that clients were able to more easily regulate their emotions.

DISTRESS TOLERANCE

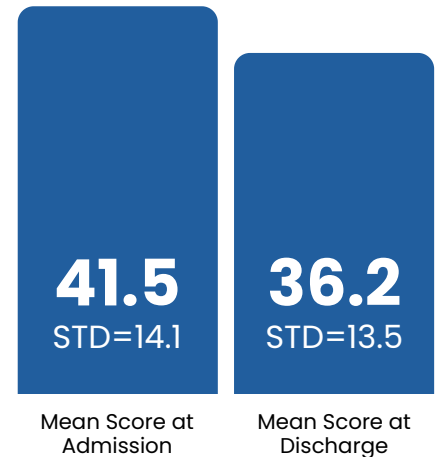
The Distress Tolerance Scale (DTS) measures the capacity to withstand negative psychological states and has four subscales that assess important aspects of this capacity. Total scores and subscale scores range from 1 to 5, with higher scores indicating a greater ability to withstand negative psychological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

There was a significant increase in total scores at discharge ($p < 0.05$) suggesting clients had an overall improvement in their ability to handle uncomfortable emotional experiences.

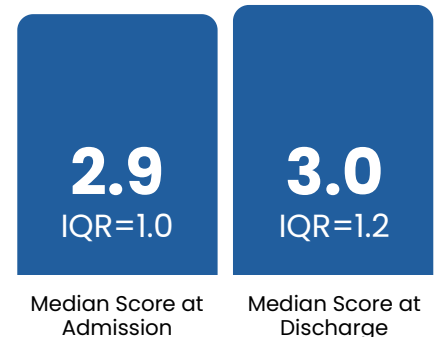
PSYCHOLOGICAL STRESS

Finally, clients served in our Intensive In-Home Program showed a significant decrease ($p < 0.05$) in Psychological Stress Experiences scores. When an individual builds confidence in their ability to manage stressful situations and develops the necessary coping skills to do so, their beliefs about stressful experiences, and how stressed they feel, can change.

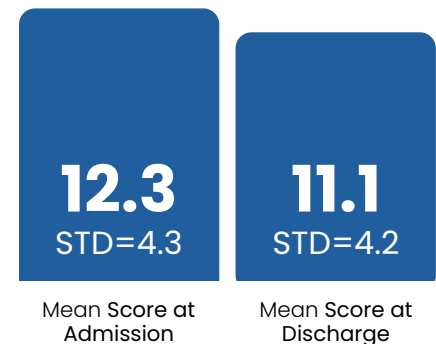
DERS



DTS



PSE



97%

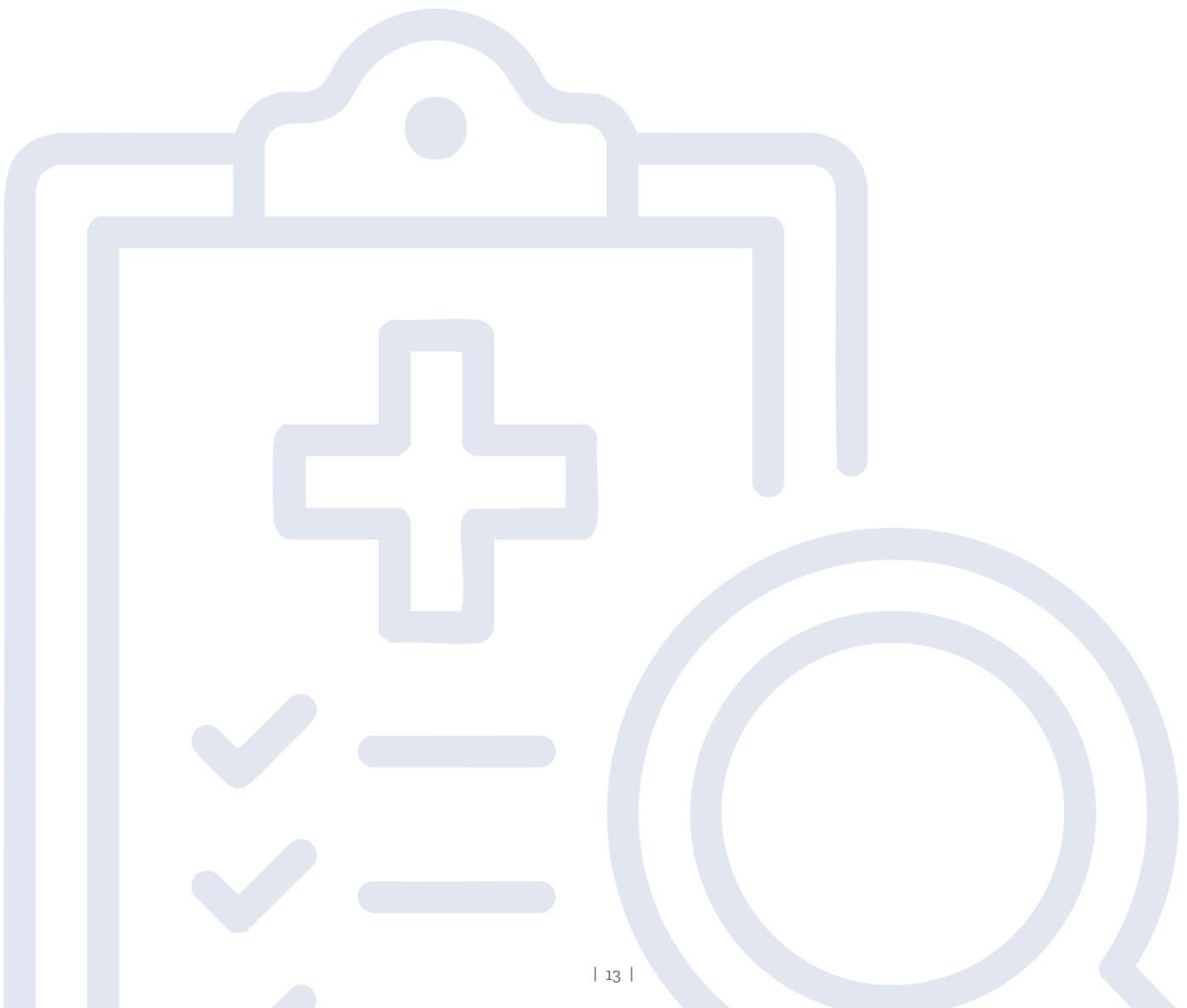
Among clients who received care in Hillside's Intensive In-Home Program, 97% did **remain in the home throughout treatment, requiring no psychiatric hospitalization.**

93%

At discharge, 93% of Intensive In-Home clients **reported that the moods, feelings, and behaviors they were treated for were improved.**

89%

At discharge, 89% of Intensive In-Home clients **reported that they were better able to handle the difficulties they face in an effective way.**



VIRTUAL INTENSIVE OUTPATIENT

Hillside's Virtual Intensive Outpatient Program (VIOP) provides structured IOP mental health services for children and adolescents facing emotional and behavioral challenges. Delivered via a HIPPA-complaint Zoom platform, the program aims to help adolescents generalize DBT skills taught in a group setting. This program also includes individual sessions for the adolescent, family sessions, and medication management from a board-certified child and adolescent psychiatrist. Through these modalities, the program helps adolescents increase mindfulness and reduce emotional extremes.

EMOTION REGULATION

Among clients in the VIOP 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.**

DISTRESS TOLERANCE

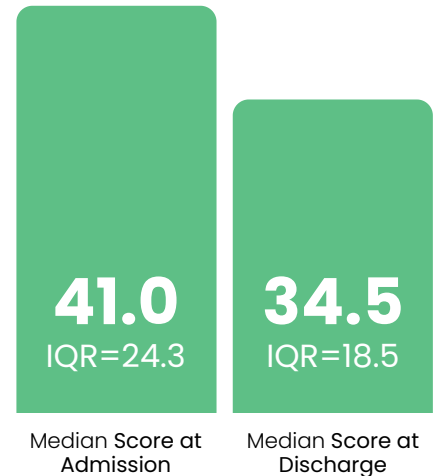
The Distress Tolerance Scale (DTS) measures the capacity to withstand negative psychological states and has four subscales that assess important aspects of this capacity. Total scores and subscale scores range from 1 to 5, with higher scores indicating a greater ability to withstand negative psychological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

There was a significant increase in total scores at discharge ($p < 0.05$) suggesting clients had an overall improvement in their ability to handle uncomfortable emotional experiences.

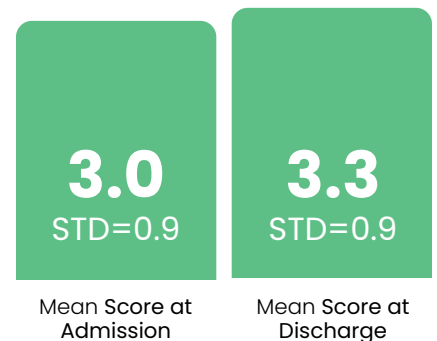
PSYCHOLOGICAL STRESS

Finally, clients served in our Virtual Intensive Outpatient Program showed a significant decrease ($p < 0.05$) in Psychological Stress Experiences scores: admission (Mdn=11, IQR=8.8) to discharge (Mdn=10.5, IQR=6.8). 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.

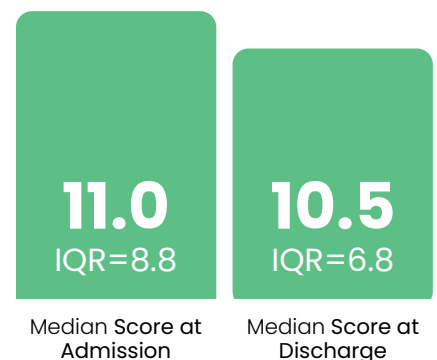
DERS



DTS



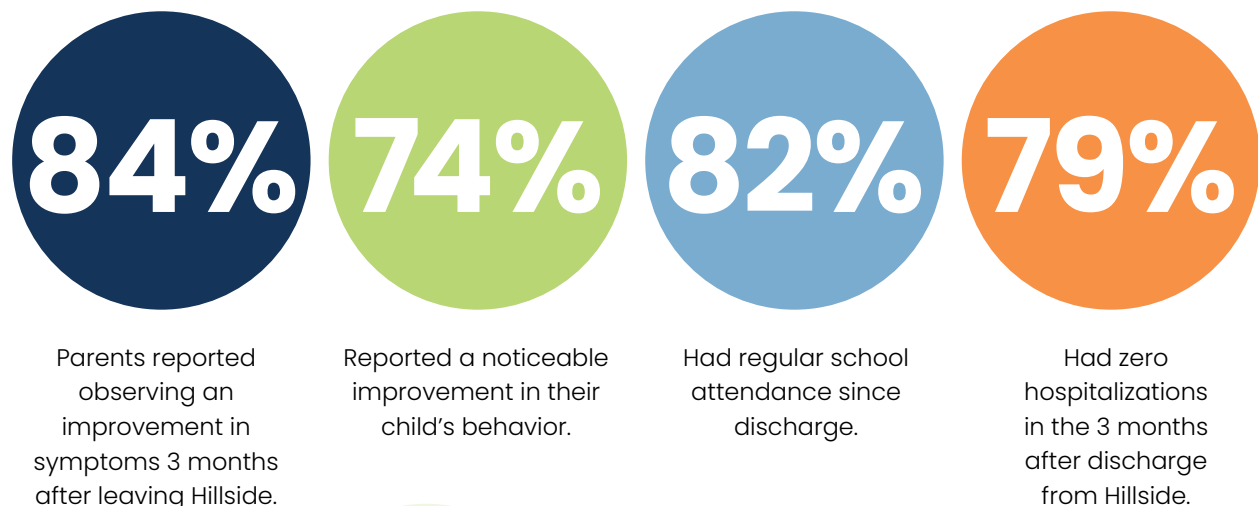
PSE



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.



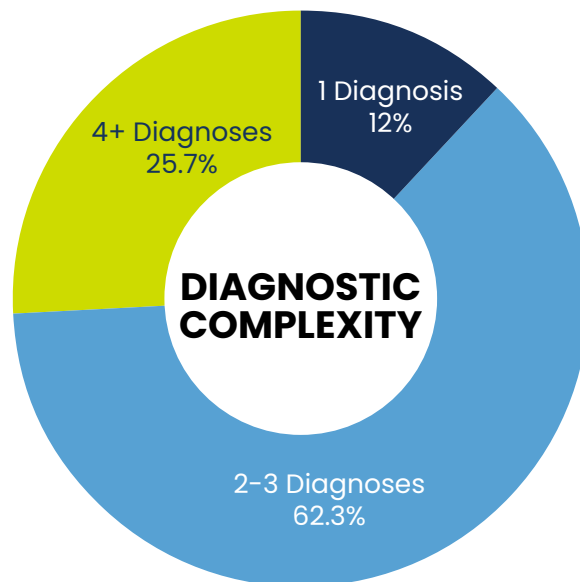
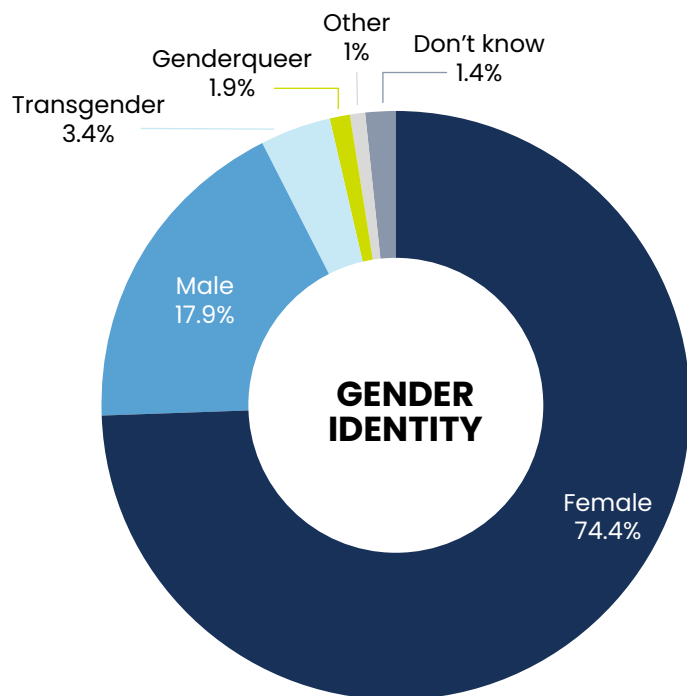


HILLSIDE KIDS

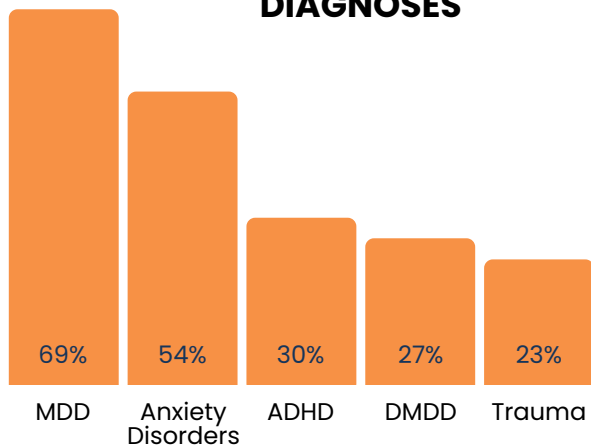
BIOLOGICAL SEX

Female **72.3%**

Male **27.7%**



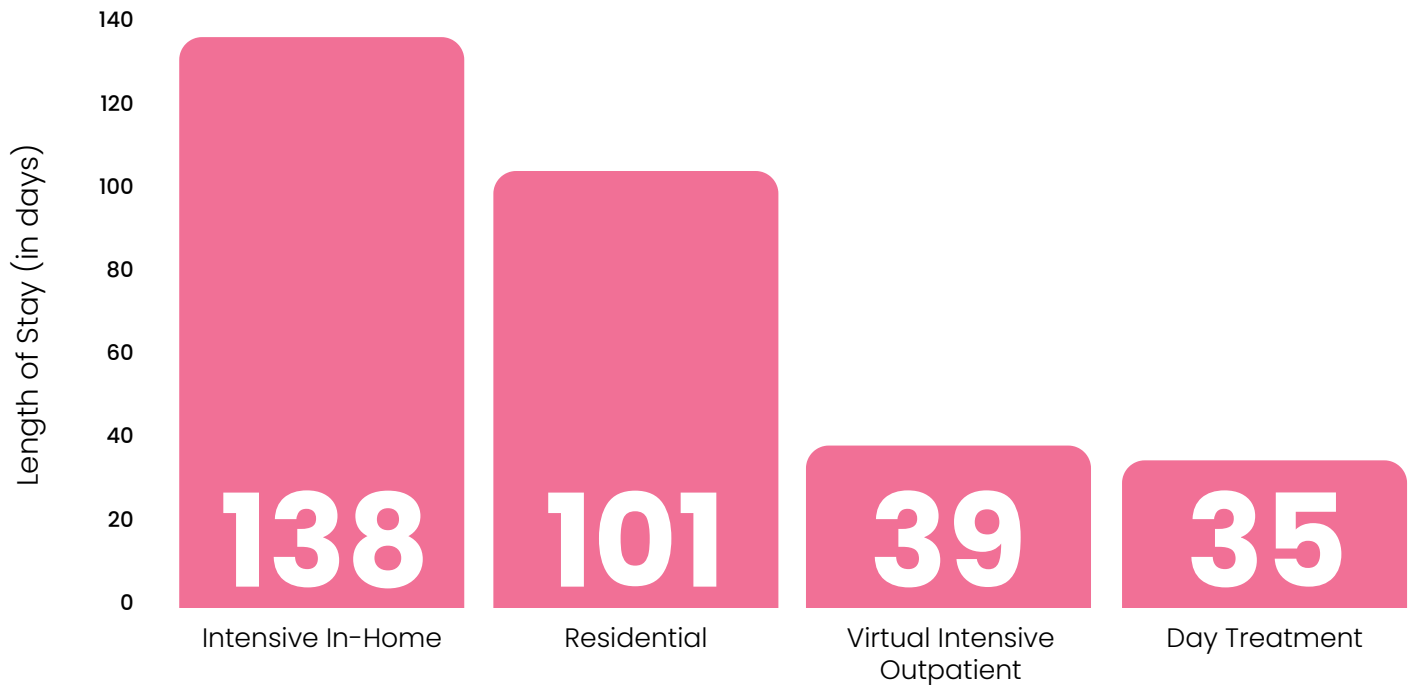
PRIMARY & CO-OCCURRING DIAGNOSES



MDD: major depressive disorder; ADHD: attention-deficit/hyperactivity disorder; DMDD: disruptive mood dysregulation disorder.

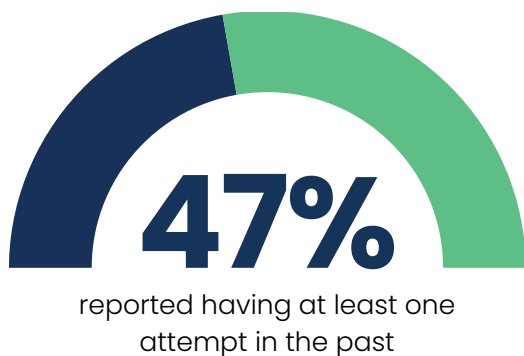
Families often seek Hillside services after their child has received treatment in several outpatient, residential, and/or acute settings, and have treatment needs that have not been met in those settings. Hillside offers a unique residential treatment environment and continuum of services that promote healing and hope and has successfully treated children and adolescents with a wide array of complex mental health symptoms for 136 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

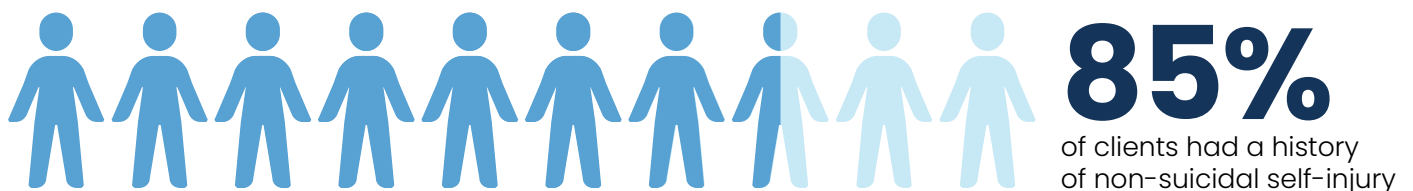


ACUTE HOSPITALIZATIONS



70% of clients
reported having at least one acute hospitalization. For those with a treatment history, the average number of hospitalizations was 4.

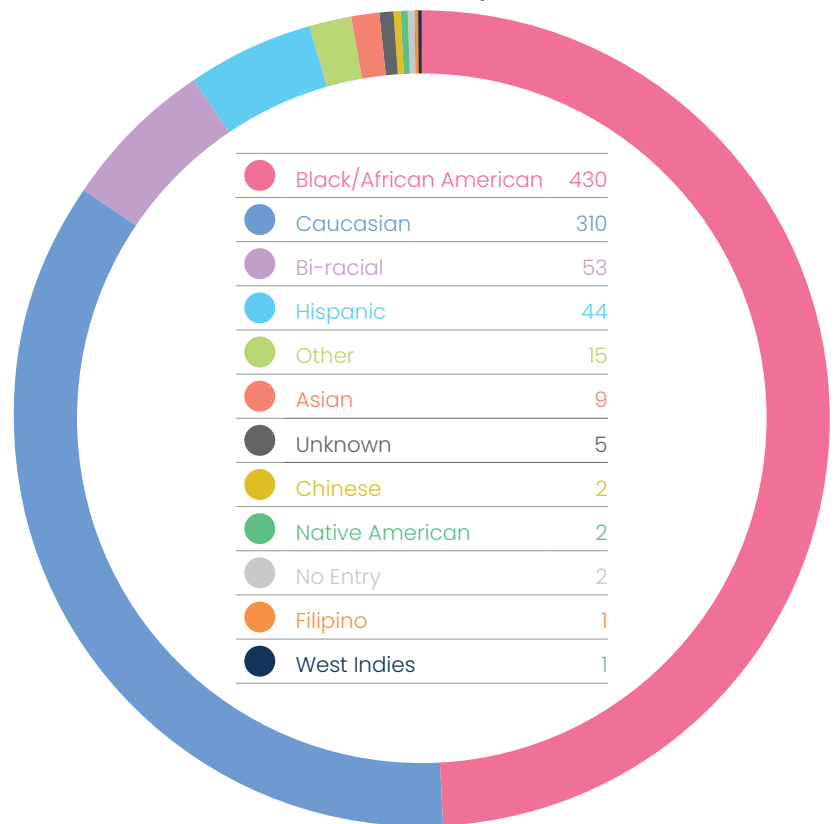
SELF-HARM



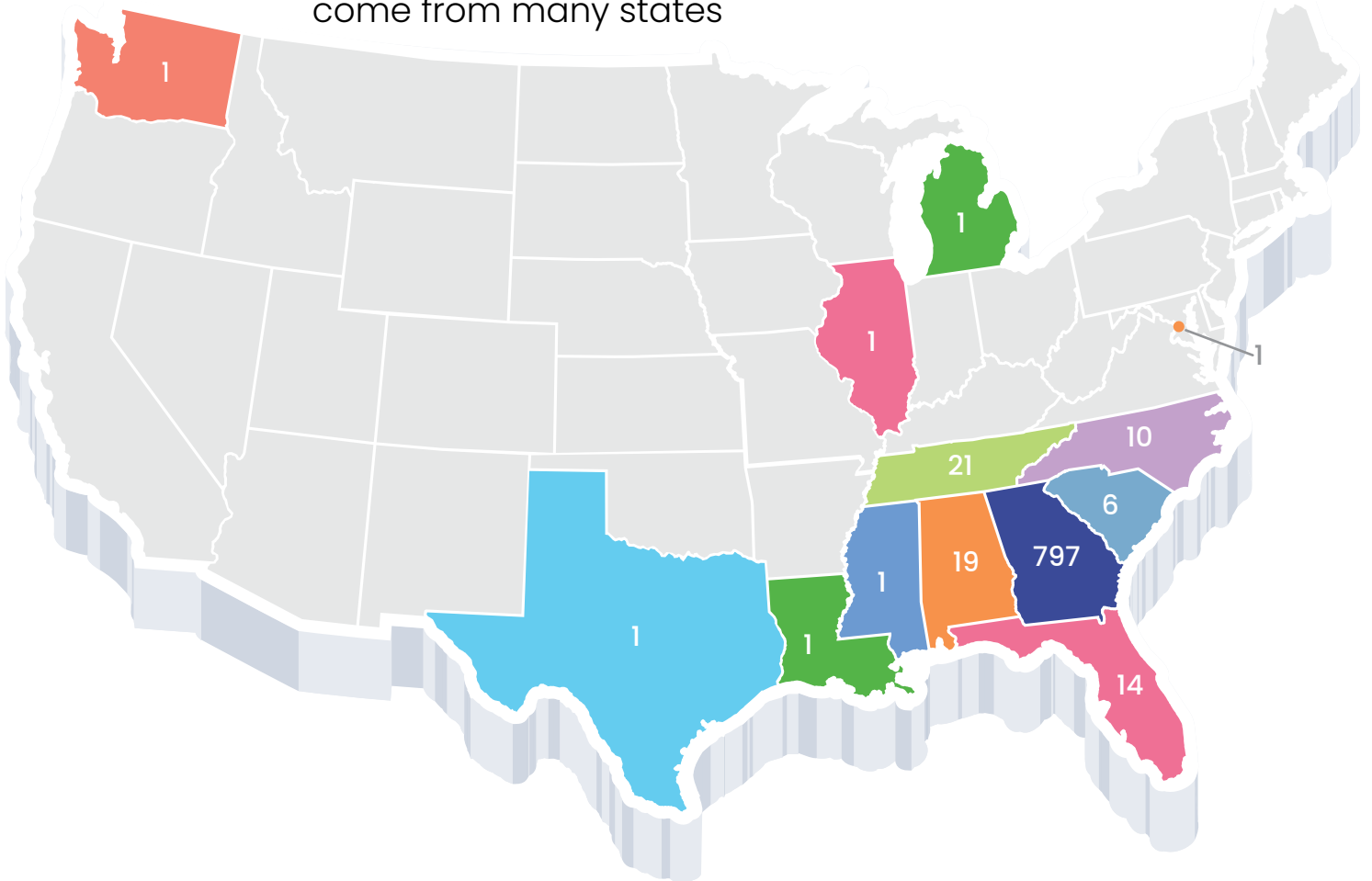
874

total kids served

ethnicity



come from many states



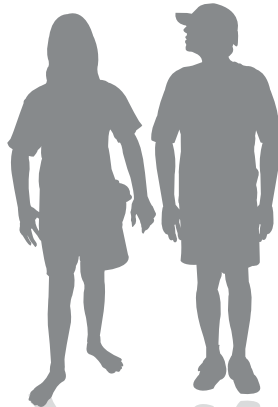
vary in age...

155



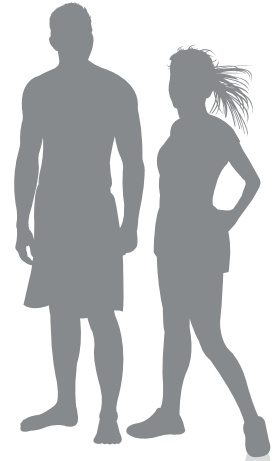
6-12
years

707



13-18
years

12



19+
years

The numbers presented in this section differ from the totals presented previously as these are actual clients served in each program which reflects clients moving through Hillside's various programs.

RESIDENTIAL PROGRAM

363 clients served | Average age at admission: **14**

DAY PROGRAM

91 clients served | Average age at admission: **14**

INTENSIVE IN-HOME PROGRAM

141 clients served | Average age at admission: **13**

VIRTUAL INTENSIVE OUTPATIENT

104 clients served | Average at age admission: **14**

CONNECTING COMMUNITIES

292 clients served

Ben's Story

Ben's favorite movie as a small child was *Space Jam* — the film where the Looney Tunes enlist the help of Michael Jordan to win a basketball game and their freedom. Most of the family photos show him playing basketball and whether he was captured in his cub scouts' uniform, or wearing flip-flops, the ball is ever present in the photos.

Today, aged 19, Ben credits basketball with saving his life.

By the time he reached middle school, Ben was struggling to manage his emotions and would become frustrated, feeling that he was misunderstood. At 6 foot 6 inches tall by the age of 13, Ben was the first person anyone saw when they walked into a room, and often felt singled out by teachers. He was a sensitive child and when comments from classmates escalated into bullying, Ben responded by acting out in class and playing the clown to try and fit in.

Things deteriorated in high school with Ben often refusing to attend or simply leaving without permission and driving himself home. When he was in school he struggled to manage his emotions and was disruptive in class. By now, Ben's mother, Anna, says that she felt he had been labelled "The bad kid" with one teacher providing a list of everything Ben had done wrong over a two-week period. "He didn't feel safe in school. He was verbally aggressive with the teachers and yet he had made friends with the lady at the front desk and would go and sit and work quietly alongside her when things got too much. I couldn't make the teachers understand that he needed support."

Anna said that the family lost friends and her social circle became smaller because people couldn't understand what they were going through.

Ben's behavior continued to escalate and it became common for the police to be called to the family home. Their presence was the only thing that seemed to get through to Ben and calm him down, but it became clear to the family that they couldn't go on in this way.

"It was the hardest day of my life," his mother says about bringing Ben to Hillside. "We knew that Ben would not want to leave the house. We told him the day before and I had to say to him that he had two choices. He could get up, get ready and come with us, or I would call the police and he would have to be escorted. That's how low we were at this point."

The family were late arriving, but they got to Hillside that day. "It's a huge moment to realize you can't help your child." Ben's mother recalls feeling supported by having the cell numbers of the staff so she could text them to let them know they were on their way, knowing that they were ready for us and they understood that Ben might be agitated on arrival. "I felt so supported."

After 3 years of inpatient stays, hospital appointments and therapy, Anna was used to listing Ben's medical history and constantly repeating their experiences to professionals. "When we sat with the nurse on the day of admission, it was the first time that I didn't feel like a number. They held my hand throughout and told me 'It's okay, we've got him.'"

The next day, a therapist introduced Ben to Dialectical Behavioral Therapy (DBT), a unique and specialized

form of cognitive behavioral therapy used to help people suffering from mental disorders reduce their emotional extremes. One of the key learnings for Ben was to be comfortable with being uncomfortable. This was something he had struggled with since middle school and often led to outbursts.

During treatment, Anna realized how much the family had to learn so that they could communicate with Ben effectively. Through individual and family therapy, both Ben and his parents processed some of the challenges they had experienced, discussing how each person felt and trying to understand different perspectives. “We still ask each other today, ‘what could I have done better in this situation?’”

Today, aged 19, Ben credits basketball with saving his life.

Ben built strong relationships with his therapists and Anna felt that Hillside treated Ben as a whole person, not just focused on what medication he needed or providing therapy, but also considering what could help him at school and in other areas of his life.

Hillside’s continuum of care is something that Anna feels none of the other organizations offer.

Ben had previously been discharged from in-patient care without support during the pandemic and Anna and her husband had been left struggling to home-school, work from home and manage virtual healthcare for Ben.

After almost six weeks in Hillside’s residential program, Ben stepped down into Hillside’s Day Program, which he would attend 5 days a week, returning home in the evening. The first night was difficult for Ben and his family, he found the change overwhelming and felt that he couldn’t do it. Two of his therapists were available on the phone late at night to talk him through the skills he had learned and help him apply them to get through that first night.

Two weeks later, Ben transitioned home with the support of Hillside’s Intensive In-Home Program. This program matches the family with a therapist and they receive four hours a week of individual and family therapy. It was during the first visit that Ben became frustrated and overwhelmed. He called the police for help.

What might have felt like a backward step for some, was very revealing to Anna. “In that moment, it made sense to Ben to ask the police for help, and I listened to him telling them that he wasn’t a danger to himself or others, but needed them to help him. He

advocated for himself in a way I hadn’t heard before.”

Anna was able to explain to the police what was happening and advise

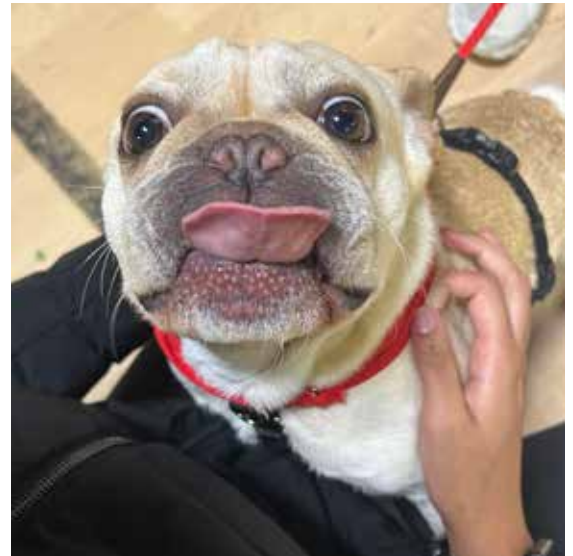
that they didn’t need an ambulance and the visit continued, helping Ben to identify other ways to calm down and feel safe. Anna says that the three months of Intensive In-Home support they received set the standard for how children and families should be transitioned from residential care. Ben finally got an Individual Education Plan (IEP) in place at school, bringing together a team including his parents and professionals to design a plan for Ben to help him access learning and set personalized targets.

Today, Ben earned a basketball scholarship and will start his Sophomore year this fall. Until then, he is working full-time before returning to college. Anna met him for lunch a few weeks ago and arrived at his workplace to find that Ben seemed to know everyone there and the walk to their lunch date was a succession of people calling out his name and waving at him.

Anna says that they are now at a point where they are closer to having a typical parent and young adult relationship. “We’ve found that little boy who loves playing basketball again, he’s just 19 now!”







FINANCIALS
& DONORS



RESIDENTIAL TREATMENT PROGRAM

Service Revenue	22,546,384	79.68%
Department of Education	1,837,163	6.49%
Contributions, Grants, and Other Sources	3,672,179	12.98%
USDA	238,435	0.84%
	28,294,160	99.99%

DAY PROGRAM & INTENSIVE OUTPATIENT

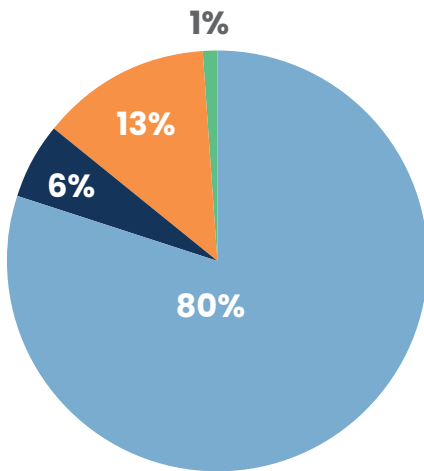
Service Revenue	774,390	100.00%
	774,390	100.0%

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

Service Revenue	2,157,573	93.71%
Contributions, Grants, and Other Sources	144,858	6.29%
	2,302,431	100.0%

TOTAL

Residential Treatment Program	28,294,160	90.19%
Day Program & Intensive Outpatient Program	774,390	2.47%
Community Intervention Programs (Includes Intensive In-Home & Virtual Intensive Outpatient)	2,302,431	7.34%
TOTAL SUPPORT AND REVENUE	31,370,982	100.00%



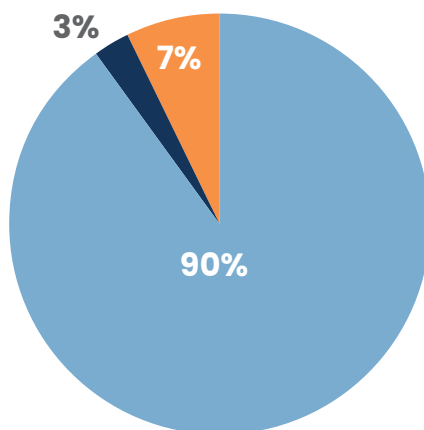
RESIDENTIAL TREATMENT PROGRAM FUNDING BY SOURCE FY 2024/25

Service Revenue

Department of Education

Contributions, Grants, and Other Sources

USDA

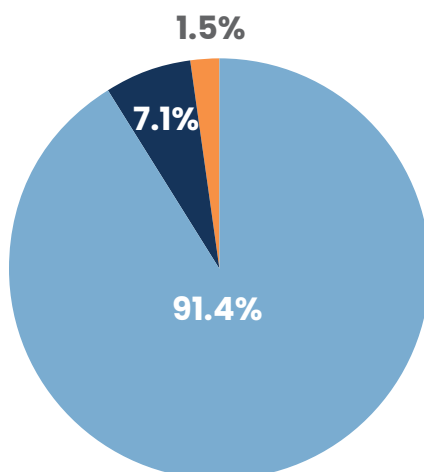


TOTAL REVENUE BY PROGRAM FY 2024/25

Residential Treatment Program

Day Program & Intensive Outpatient Program

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



AGENCY EXPENDITURES BY TYPE FY 2024/25

Program Services	24,233,387		91.4%
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Management & General	1,889,310		7.1%
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Fundraising	403,711		1.5%
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TOTAL SPENDING	26,526,408		100.0%
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Lattner Family Foundation, Inc.

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The Imlay Foundation, Inc.

\$25,000 TO \$99,999

AGC of Georgia Foundation

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Foundation

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Fulton County Dept. of
Community Development

Jesse Parker Williams Foundation

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National Council for Mental
Wellbeing

The Sartain Lanier Family
Foundation

Tull Charitable Foundation, Inc.

United Way of Metropolitan
Atlanta

Vasser Woolley Foundation

\$10,000 TO \$24,999

Camp-Younts Foundation/
SunTrust Bank

Ida A. Ryan Charitable Trust

John and Mary Franklin
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John and Polly Sparks
Foundation

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Foundation

People First Foundation

Thalia & Michael C Carlos
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TJ Maxx Foundation

\$1,000 TO \$9,999

525LEC

ABM

Ace Maintenance Solutions, LLC.

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Amerigroup

individual support

\$1,000 TO \$9,999 (continued)

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 BCJ Building Services
 BCS, Inc.
 Bright Wings Foundation
 Burke Painting Inc
 Chateau Elan Winery and Resort
 CleanRight Services
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 Core Executive Recruiting
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 Ivy Garden Club
 LandCare
 Lanier Parking
 LCG Associates
 Portman Management Company

\$25,000 AND ABOVE

Anonymous
 Kerstin and Howard Benden

\$10,000 TO \$24,999

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 Anita and Travis Garland
 Sandy and Tom Gay
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 David Marvin
 Dick Schwietzer

\$5,000 TO \$9,999

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\$1 TO \$999

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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 children and families. Thank you for contributing to our important work!



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