Message from CEO

Dear Friends,

Beaverbrook STEP is a private, non-profit organization committed to serving children, adults and elders with intellectual, developmental and related disabilities. Incorporated in 1973, STEP’s mission focuses on empowering individuals to make their own personal choices and decisions about their lives in order to achieve full community inclusion.

A strong advocate for people with disabilities, Beaverbrook STEP continues to grow and develop, forging new pathways for people with disabilities to participate in and become one with the community at large. With an annual budget of $18 million dollars, STEP currently serves 350 children, adults and elders, including individuals with Autism Spectrum Disorder (ASD), neurological/brain injuries, Alzheimer’s disease, physical disabilities, as well as medical, mental health and behavioral diagnoses. We employ over 400 full and part time staff, managers and clinicians who provide comprehensive, self-determined and highly acclaimed community based living & housing supports, day services, employment training, recreation & leisure, specialized services, advocacy and corporate guardianship services.

Beaverbrook STEP’s visionary plan, Advancing Real Lives, focuses on the design and creation of person-centered and self-directed services for the individuals/families we serve. Our goal is to develop innovative services that emphasize full community inclusion, as well as full optimization of each person’s independence and autonomy, including:

- Choices for a living environment and personal supports that promote community access and support individual preferences;
- Social inclusion through meaningful friendships and an active community life;
- Personal control over activities, schedules and decision making; and
- Individualized opportunities for growth and development through education and learning.

Advancing Real Lives implements a unique self-determination process developed together with our self-advocates, staff, community business partners, funding sources, family members and volunteers. This process not only models how to transition traditionally delivered service models (24 hour residential services, group supported living, site based services) to more self-determined and self-directed service models (in-home and supported living, agency with choice, shared living, family supports, respite, and specialized services), but also serves as a model for innovative home ownership and other creative living options. Additionally, the self-determination process is key to providing personalized, comprehensive and individualized services for each person served in STEP’s innovative Employment and Community Based Day Services program.

Sincerely,

Virginia A. Connolly, MEd, LCSW, LMHC
Executive Director