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**ADVOCATES WITHOUT BORDERS**

**A Division of Advocates for Disabled Americans, Veterans, Police, Firemen & Families**

**Promoting and Providing Access for Essential Therapeutic Services for individuals with Disabilities**

***Children Matter***

The Benefits of Early Childhood Programs Out Weight the Costs

The past two decades have been characterized by a growing body of research from diverse disciplines—child development, pediatrics, psychology, neuroscience, and economics, among others—demonstrating the importance of establishing a strong foundation in the early years of life. The research evidence has served to document the range of early childhood services that can successfully put children and their families on the path toward lifelong health and well-being, especially those at greatest risk of poor outcomes. As early childhood interventions have grown, researchers have evaluated whether the programs improve children's outcomes and, when they do, whether the improved outcomes generate benefits that can outweigh the program costs.

Overall, studies have shown that most early childhood programs, especially the Early Intervention program, a therapeutic program for developmentally delayed infants and toddlers and their families, has improved one or more outcomes for children and that, where formal benefit–cost analyses have been performed, the program largely pays for itself through benefits to participants, government, and other members of society. Research has demonstrated that many benefits of childhood programs continue into adulthood and that the economic returns of these programs more than covered the program costs.

Early intervention services are mandated by the Federal Individuals with Disabilities Education Act (IDEA), and are designed to meet the needs of infants and toddlers who have been diagnosed with a developmental delay or disability. The **Program for Infants and Toddlers with Disabilities** (Part C of IDEA) is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities. **National, state and community resources combine** to fund early intervention systems.

Since 1990, children and families receiving Early Intervention services, are also protected by the Fourteenth Amendment of the United States Constitution, the “Americans with Disabilities Act (ADA). Two major Federal laws protect our developmentally delayed children and their families. The effectiveness of these programs, coupled with the Governmental, state, local and societal belief in these programs has ignited their growth. The finding by Congress that providing developmental services as early as possible would save long-term special education and rehabilitation costs is based on the premise of the plasticity of the human brain in infancy and early childhood, and evidence that brain development is greatly influenced by early experience. Although clinical outcome data for IDEA Part C programs are not yet fully available in adequate numbers, preliminary information presented to Congress indicated that children in EI programs make substantial developmental gains after only 1 year in the program (U.S. Department of Education, 2002).

The benefits of IDEA Part C programs has also been gathered from outcome data from other early service delivery programs. A meta-analysis of 31 studies on the efficacy of developmental programs for children under 3 years of age and their families found that these programs produce positive developmental outcomes with long term positive effects.

Studies have demonstrated the clinical efficacy of early intervention for infants and toddlers with a variety of delays, i.e. Cognitive and social–emotional delays, Down syndrome, other genetic disorders and syndromes, Cerebral Palsy, physical disabilities limiting ambulation and navigation, speech language delays, feeding and swallowing delays, oral motor disorders, visual and hearing impairments, extreme prematurity, sensory impairments, Autism Spectrum Disorders, the numbers of which are staggering 1 in every 47 children are being diagnosed with ASD. The cost of caring for Americans with autism had reached $268 billion in 2011, and would have doubled by 2021, if services such as Early Intervention did not exist. The majority of autism’s costs in the U.S. are for adult services, early intervention services for these adults was near to non-existent during the early stages of their lives. An estimated $175 to $196 billion a year is spent on adults, compared to $61 to $66 billion a year for children. Early detection is effective and cost saving.

Programs for children 3 to 5 years old have been available longer than EI programs, and a strong body of evidence demonstrating their cost-effectiveness exists. (Masse and Barnett) (n.d.) documented a return of $4 for every $1 spent.

The High/Scope Perry Preschool Study (Schweinhart, 2003) reported positive outcomes

and cost benefits in adulthood as a result of comprehensive early childhood education for low-income children. Among these outcomes, were increased high school graduation rates, fewer arrests, higher earnings, and less reliance on government assistance. Based on estimates of

savings in public funding, the program provided a 71.6% return on its investment of $14,716 per participant per year.

One longitudinal study compared the experiences of children in the Child-Parent Center programs with kids from the same demographic and economic background who did not participate in preschool. Among the findings were that the preschool group had a 29 percent higher rate of high-school completion, a 42 percent lower rate of juvenile arrest for a violent offense, a 41 percent reduction in special education placement, and a 51 percent reduction in child abuse and neglect.

Evidence supports the view that IDEA Part C programs may be seen as investments that

eventually will reduce future public sector costs.

ELIGIBILITY CRITERIA IN EI

In 1998, *Investing in Our Children* ([Karoly, Greenwood, et al., 1998](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075808/#B1)), was published, and was one of the first policy reports to synthesize the available evidence on the effectiveness that different early childhood interventions have for children and family outcomes.

The field has decidedly evolved, and the well-designed early childhood intervention has been found to generate a return to society ranging from $1.80 to $17.07 for each dollar spent on the program.

Even though findings suggest that early benefits in terms of cognition or school achievement are absolutely beneficial but, evidence also indicates that there can be longer-lasting and substantial gains in outcomes such as continued attendance in school, less special education placement, and grade retention, increased high school graduation rates, better labor market outcomes, less social welfare program use, and less crime.

Notably, many of the benefits from early childhood interventions listed above can be translated into dollar figures and compared with program costs. For example, if school outcomes improve, fewer resources may be spent on grade repetition or special education classes. If improvements in school performance lead to higher educational attainment and subsequent economic success in adulthood, the government may benefit from higher tax revenues and reduced outlays for social welfare programs and the criminal justice system. As a result of improved economic outcomes, participants themselves benefit from higher lifetime incomes, and other members of society gain from reduced levels of delinquency and crime. Parents, policymakers, business leaders, and the general public increasingly recognize the importance of the first few years in the life of a child for promoting healthy physical, emotional, social, and intellectual development.

Studies have also shown that the “whole family” experiences the benefits of Early Intervention programs. Through the collaboration with the interventionists, families learn teaching and coping techniques, resulting in a healthier environment for all. These positive outcomes lead to less dependence on other social service programs.

Advocates without Borders strongly acknowledges the fact that effective early childhood programs return far more to society in benefits, than cost. The overall benefits of early intervention, socially, and economically, has led to the development of Advocates Without Borders.

Advocates Without Borders (AWB) is a division of a national 501c3, Advocates for Disabled Americans, Veterans, Police, Firemen & Families, (ADA VETs) Advocates Without Borders is a multifaceted non-profit organization comprised of professionals providing therapeutic service provision and advocacy for children and adults with disabilities. The prime objective being, advocating, then facilitating the provision of the full implementation of the needed therapeutic services for disabled individuals in areas without access to such services.

AWB is aware that underserved and poverty-stricken areas face a much greater challenge, and lack the supports to overcome the many unsurmountable obstacles involved when trying to access services. AWB believes that every disabled individual is entitled to services, it is a civil and abroad, a human right, hence, the reason AWB was born on July of 2021.

The organization implements a very unique approach to service provision. The model includes advocacy, and therapeutic intervention, but not limited to. The advocates identify, protect, and defend the right of services for qualified individuals, within the meaning of United States law, the Fourteenth Amendment of the United States, the American with Disabilities Act, (the ADA). We will be practicing the same practices abroad, for the sake of humanity. Since every disabled child and disabled qualified individual/adult, or as deemed qualified by the ADA is entitled to the warranted services deemed necessary. Here, in the United States, it has always been a practice to extent and provide assistance abroad, for more than one hundred years.

ADAVETs is an American founded organization. Its founder is disabled and has formed a national Civil Rights, Constitutional policing, membership organization, formed under the articles of the Constitution, to police the civil rights of disabled individual’s due to the widespread discrimination and harm to individuals with disabilities. This harm can be the lack of the warranted and necessary services.

Since this model consists of these two very essential departments, service provision and advocacy, AWB is able to identify, publicly support, recommend, and then, provide the services identified for disabled children in need of these services.

The team was put together by the CEO and founder of Advocates for Disabled Americans, Veterans, Police, Firemen & Families, Darren Dione Aquino, and the Chief Medical Officer, Dr. Mikhail Artamonov, using their affiliates, associates, and members, when the design of AWB was being comprised. The CEO and his members are known in the disabilities community, nationally, as the first and only organization of its kind, and for their comprehensive results driven outreach and their life changing advocacy.

 Mr. Anatoly Spektor, is an assistant national chief to the national organization, and he is a certified occupational therapist and the CEO and founder of OT Aspekt & Chiropractic, PLLC. Mr. Spektor has joined forces to provide services for disabled children and adults in areas that they have identified as mostly lacking in these vital services under Advocates Without Borders.

Mr. Spektor is an Occupational therapist specializing in sensory integration and the treatment of developmentally delayed children and disabled adults. Mr. Spektor’s agency has been providing Early Intervention services which are therapeutic services for developmentally delayed infants and toddlers in New York, since 2014. Mr. Spektor has been working with Advocates for Disabled as an assistant national chief since 2015. OT Aspekt & Chiropractic agency is known throughout the Early Intervention community for its quality-driven, and individualized therapeutic service provision for disabled children.

Mr. Aquino has been providing advocacy services, defending the rights of the disabled nationwide since 1983, and has developed relationships with Federal, State and local agencies. He has removed the barriers that have denied such services in the United States, where challenges, deprivations, and barriers still exist. In this joint effort and the new member recruitment, we hope to, not only in the United States, but abroad, bringing hope and help to the hopeless, and facilitating the most warranted needs for the disabled. The team of professionals have developed AWB, in an effort to address the specialized, developmental needs of disabled children. AWB will provide these basic fundamental human rights in the area of healthcare, here and abroad, AWB believes that with this expanded team, these vital services can be realized.

This model will be successful in identifying pockets of need and lack of services. Both departments, advocacy and clinical, will work closely together to provide a holistic approach to service provision.

The AWB mission is to provide advocacy and individualized clinical intervention for the disabled in areas where these services have been identified as non-existent, inaccessible and scarce. Once identified, AWB will assign specialized clinicians to either provide home-based services, or Telemed services.

AWB will have the ability to provide a wide range of clinical and medical services in both the modalities, home-based and Telemed. The organization will provide physical therapy, occupational therapy, speech language therapy, including feeding as a specialty, educational therapy by special educators, social workers, psychologists, and Applied Behavioral Analysis (ABA) for children diagnosed with Autism Spectrum Disorder (ASD). AWB will provide services for a wide range of disabilities, including, but not limited to, disabilities that are diagnosed as physical disabilities, cognitive disabilities, and social emotional and psychological diagnoses-also known as mental effect, and neurological impairments. AWB will provide the clinical and medical assessment for a recipient if a suspected condition has not been diagnosed. The services identified will be pertinent, relevant, and clinically or medically required for the intended recipient(s). Medical and clinical evidence will be used to address and tackle the challenge faced by the targeted population.

In order to provide the highest quality of services to disabled children, their families and disabled adults, AWB only retains the most talented professionals available. The quality of our professionalism is known throughout the Early Intervention community, and the quality of our advocacy is nationally renowned.

For areas in which services cannot be provided in-person/in-home, due to inaccessibility for a variety of reasons, the modality of Telemed will be used. The clinical and medical professionals assigned will all have experience in both home-based and Telemed services.

Telemed therapy will allow the clinical services to be provided in the identified underserved areas, where home-based cannot occur, where the disabled are not provided the standard of care, or rights, needed to enhance their lives, and for children, their developmental growth. Telemed will extinguish the healthcare inequalities and obstacles being experienced by the target population. Telemed can also transform the delivery system, or lack thereof; Telemed will also allow the target population to receive these absolutely necessary services by providing access points of care.

AWB will provide therapies to disabled in distress, who have no access to interventions. The therapies will allow these individuals to experience independence, a sense of achievement, developmental growth, and a progressive acquisition of various skills. AWB strongly believes in early intervention, during the earliest stages of life, which will allow the disabled child to achieve a better quality of life. These therapies will allow disabled adults to enjoy the goods and services enjoyed by their non-disabled peers. The therapies will promote assimilation into society, integration, and acquisition of essential skills.

AWB recognizes that the disabled play a vital role in society, but the disability coupled with non-existent service provision is absolutely devastating. AWB believes that serving the underserved, especially those who have special needs, should be a standard practice, that we must all preserve humanity, starting with disabled children. The earlier the intervention, the more the positive impact and results, socially and economically.

Services will be assessment driven, the methodologies used will be clinically and medically recognized and sound. Medical assessments and medical diagnoses will be led by the Chief Medical Officer of Advocates for Disabled Americans, Veterans, Police, Firemen & Families, Dr. Mikhail Artamanov, under the direction of national chief and CEO, Darren Aquino. Dr. Artamonov is certified in six major areas of medicine, Physical Medicine and Rehabilitation, Pain Medicine, Addiction Medicine, Brain Medicine, Functional Regenerative and Anti-aging Medicine, and Independent Medical Examination, along with other board certification, The services identified will be pertinent, relevant, and clinically required for the intended recipient(s). Medical and clinical evidence will always be used to address and tackle the challenge faced by the targeted population. AWB is still assembling more medical professional members, who will be working in this global mission.

For developmentally delayed children, the assessment data will include the child's strengths, needs, and learning characteristics within the context of everyday life, as well as the developmental impact of the social and physical environment. This authentic picture will provide data to identify individualized approaches that fit the child, and his/her family everyday activities and routines. Agreed-upon developmental strategies will not only be tailored to the unique strengths and needs of the child, but will also fit the individual family's routine activities, and the family's own cultural values, where strategies will be used in between in-home or Telemed sessions.

In each instance, AWB is committed to a family centered approach. We will achieve this by viewing the family and the interventionists as partners, in each respective country in need of the inaccessible services. Together, the family/caregiver and interventionists ensure that a family’s priorities, concerns and resources are always addressed during the intervention provided. AWB believes it is the successful collaboration among interventionists and families that enables each to achieve the clinical and medical goals and outcomes. Services will be provided as per the clinically needed mandate determined by the AWB team of medical and clinical professionals. Interventionists will always individualize interventions with a commitment to be considerate of the individual’s and country’s cultural, ethnic, and religious beliefs. We will bring innovative ideas, openly working with governments of other countries for the benefit of the disabled and the region/country where services will take place.

The interventionists will employ a team orientated approach to intervention incorporating a multidisciplinary, interdisciplinary and/or trans-disciplinary approach. They will assist the family to understand appropriate expectations of the disabled individual.

AWB will follow all guidelines as outlined by the country and/or state in which services will be provided. All AWB team members are responsible for ensuring that the rules, regulations and guidelines set forth, are adhered to.

AWB hopes to collaborate globally, with other countries, with colleague organizations, community members, and community organizations, medical and clinical practitioners, to embrace this mission and confront this global cause that disabled children matter. We will be introducing our skills and techniques together with medical services, working closely with government officials to be in full compliance of the respective country, the ultimate goal being to bring the essential, needed, and warranted services to the disabled, starting with the disabled children of the world.

AWB strives to share their resources on a global platform, AWB will ensure that the communities involved understand the significance of the services to be provided. This pilot program will allow AWB to go to the next level and the team will be able to use those results to help guide future program development.

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