

consistent mentoring by competent supervisors, and to a supportive and flexible organizational environment. All of these factors have been linked to reduced staff turnover, which recent research suggests is critically important both to minimize costs associated with frequent hiring and training and to improve outcomes for children and families. Greater amount of caseworker contact with children and parents has also been associated with better outcomes. These findings make it imperative that agencies maintain staff in sufficient numbers to provide manageable workloads that do not require caseworkers to sacrifice the provision of direct services in order to complete administrative tasks and documentation.

Prevention of abuse and neglect

Studies have demonstrated the effectiveness or promise of several approaches to prevention of child maltreatment. Models such as Nurse Family Partnerships and Healthy Families have produced evidence that they positively impact a variety of outcomes for children and families, including prevention of abuse and neglect. Likewise, high quality pre-kindergarten programs like the Chicago Child Parent Centers and Head Start that include parental involvement and supports have also demonstrated effectiveness. Independent studies have found that the financial savings achieved by the most effective of these approaches far exceeds their costs. Rigorous cost-benefit analyses conducted by the Washington State Institute for Public Policy showed cost savings for several pre-kindergarten and home visitation programs as well as for Parent-Child Interaction Therapy, a center-based intervention that provides direct coaching to parents as they interact with their young children.

Several interventions that target older children and their families have also been demonstrated to have benefits in lessening children's problematic behavior and improving family functioning. Family-based therapeutic models such as Functional Family Therapy and Multi-Systemic Therapy have been rigorously tested in sites across the country and, despite some variation in findings, there is substantial evidence of their benefits to youth and their families.

Maintaining families

Many children can be safely maintained in their families through the timely application of interventions that correctly target the underlying causes of maltreatment. A number of studies support the benefits of interventions that have a behavioral, skill-building focus and that address family functioning in multiple domains including home, school, and community. Cognitive behavioral models have been demonstrated to reduce physical punishment and parental aggression in less time than alternative approaches. The most effective treatment involves all members of the family and addresses not only parenting skills, but also parent-child interaction and a range of parental life competencies such as communication, problem solving, and anger control. Attention to immediate, concrete needs has also been identified as a key factor in supporting family engagement and positive outcomes.

Permanency and stability

A wealth of research demonstrates the importance of children being nurtured in a stable family environment, confirming the need to move those who must enter foster care into permanent living situations as quickly as possible. Recent studies suggest that, when children must leave their families, well-supported kinship placements have the potential to provide more stable and normalizing environments than unrelated family care.

Most children who enter foster care are able to return to their families of origin, often within less than one year. However, when that is not possible, alternatives such as adoption or subsidized guardianship can offer long term stability. Cost analyses of child welfare services have linked kinship care and subsidized guardianship to cost savings. One study found the cost of effecting an adoption for children in foster care to range from \$6,000 to \$28,539, or an average of \$19,141, suggesting that this permanency alternative has the potential to achieve a substantial savings over long term foster care.

While research supports the use of family care when deemed appropriate by a full assessment, group care is another placement option that may offer benefits for certain youth when used strategically, for a period of time indicated by ongoing assessment, and as part of a plan to maintain or rebuild family and community connections. However, family care, even in therapeutic foster care settings with multiple supportive services, tends to be substantially less expensive.

Aftercare and transitional services

Data indicate that about 25 percent of all children who exit out-of-home care will return at some point, often within one year. The likelihood of re-entry is especially great when children or parents have more numerous or complex needs or when they are exposed to more extreme environmental stressors. Although the likelihood of maltreatment recurrence and/or subsequent re-entry into foster care is undoubtedly related to decision-making and services offered prior to reunification, it strongly suggests a need for aftercare services.

The limited research in family reunification aftercare, indicates that it is most successful when it is initially intensive and includes the availability of concrete services and ongoing assessment of risk. The association of social isolation with failed reunification also suggests the importance of linking with extended family, extra-familial social networks, and informal resources. Tapering off of services should be based on the family's needs rather than on an arbitrary time frame.

Services during and after the adoption process are also an important part of the service continuum. Although the rate of adoption dissolution is quite low overall, research indicates that some placements may have greater needs for follow-up services and supports. One study reported that, while less than 30% of all adoptive families used post-adoption services other than informational resources, most families adopting through a public agency used some type of counseling. This finding was attributed to the larger number of special needs of children placed with these families. As in other types of child welfare intervention, family-focused approaches appear to be the most helpful in supporting adoption stability. Research suggests that adoptive parents may also value participation in support groups, access to literature and seminars, and concrete services like respite care, subsidies, and health benefits.

Services targeting youth who will exit foster care to independence are another important component of a continuum of care. Studies have identified four key elements: school completion, high-intensity supports over time, a work experience component, and the presence of a stable, caring adult as factors leading to successful transition of youth to work and independence. Youth have been shown to benefit from a plan based on systematic assessment, combined with focused skills development, involvement of caregivers as teachers, and re-establishing or maintaining connections to birth/extended family and community.

TRIBUTE TO THE HOUGHTON GREMLINS BASKETBALL TEAM

HON. BART STUPAK

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 14, 2006

Mr. STUPAK. Mr. Speaker, I rise today to honor 12 extraordinary young women and their coaches who showed incredible determination, character and athleticism in winning the 2005 Girls Class-C State of Michigan Basketball Championship.

As the 2005 season commenced, the Houghton Gremlins were considered by many observers to be in a rebuilding phase. However, this dedicated team of young women was determined to shed that label, disprove the skeptics and move beyond the regional level.

The young women of the 2005 Houghton Gremlins were not the tallest team. In fact, not a single one of their players stood above 5 feet and 8 inches. Many of the teams the Gremlins faced had players who were taller than 6 feet. Yet, what the Gremlins lacked in height, they made up for in speed, skill and, most importantly, a tireless desire to succeed. In many ways, they embodied the famous Theodore Roosevelt quote, "What matters is not the size of the dog in the fight, but the size of the fight in the dog."

The Gremlin's regular season record of 18-2 demonstrated their winning attitude. Their undefeated record within the West PAC Conference was yet further evidence of their hard work. However, as the post season began, the Gremlins felt that even with a great regular season, they had not yet accomplished their goal.

Winning in the post season would require living up to a favorite saying of their coach, Julie Filpus: "Winners are like biscuits, when things heat up, they rise to the occasion."

The Gremlins took that advice to heart by earning a trip to the quarterfinals with timely three point shots, accurate free throw shooting and fast break layups. On November 28th, the Gremlins packed their bags and headed downstate to Lansing to compete for a state championship.

In Lansing, the Gremlins proved once more that they simply would not give up. At the end of the first half of the title game, Houghton trailed by ten points. However, the Gremlins refocused, rallied and regained their lead. Ultimately, the Lady Gremlins were victorious, eking out a 50-44 victory over the unbeaten Michigan Center.

Athletics in our public schools are meant to teach young people important life lessons such as the value of teamwork and the importance of hard work. Clearly, the 2005 Houghton Gremlins embody these values.

Mr. Speaker, these young women won not only a trophy, but also the admiration, respect and pride of the entire Houghton and Upper Peninsula community. I therefore commend the players, Callen Richards, Jodi Riutta, Whitney Rivest, Molly Turner, Amy Erva, Brooke Asiala, Nicole Asiala, Madeline Northey, Kristen Reed, Beth Sutherland, Josie Riutta and team captain Alyssa Polso. I also salute their coaches, Julie Filpus, Wayne Henry, Chuck LaPointe and Jen Sundstrom, for serving as role models and mentors to these talented young women.

Mr. Speaker, I ask the U.S. House of Representatives to join me in saluting the Class C Michigan Basketball Champions, the Houghton Gremlins, their coaches and loyal fans.

MICHAEL ADMIRE ELECTED
TEXAS YOUTH GOVERNOR

HON. MICHAEL C. BURGESS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 14, 2006

Mr. BURGESS. Mr. Speaker, I rise today to congratulate Michael Admire on being elected Texas Youth Governor by his peers this year as part of the YMCA National Youth in Government program. The national conference of governors is being held this week in Washington, DC.

Mr. Admire is an outstanding student who has proven to be charismatic, ambitious and full of integrity. Part of his official duties as the Texas Youth Governor includes reviewing all proposed legislation with the option to sign or veto specific bills. This task is considerable and brings a great deal of commitment and clear judgment.

The Texas Youth in Government is an outstanding program which allows students to actively participate in the government process. During the program, participating students gain an understanding of local and national government process, an understanding of political systems, as well as obtain an appreciation for the diversity of viewpoints on public issues and a respect for the beliefs of others. Democracy is built upon citizens' active participation in upholding civic responsibilities; the Texas Youth in Government program actively promotes this foundation of democracy.

I extend my sincere congratulations to Michael Admire and his accomplishments as Texas Youth Governor. As a resident of Justin, Texas, in the heart of the 26th Congressional District, I am honored to represent Mr. Admire in Washington. He is an outstanding student and a model to the community.

RECOGNIZING TREVOR TUTT FOR
ACHIEVING THE RANK OF EAGLE
SCOUT

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 14, 2006

Mr. GRAVES. Mr. Speaker, I proudly pause to recognize Trevor Tutt, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America and in earning the most prestigious award of Eagle Scout.

Trevor has been very active with his troop, participating in many Scout activities. Over the many years Trevor has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Mr. Speaker, I proudly ask you to join me in commending Trevor Tutt for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HIV/AIDS TODAY CLAIMS A MORE
DIVERSE GROUP OF VICTIMS

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 14, 2006

Mr. RANGEL. Mr. Speaker, I rise today to enter into the RECORD an article, entitled *The Changing Face of HIV/AIDS Epidemic*, by Tony Best, published in the June 6, 2006 edition of New York Carib News, in the CaribHEALTH section. Mr. Best recalls the first time, twenty five years ago when the U.S. Centers for Disease Control informed the world about a disease that claimed the lives of five homosexual men in California. From then on, this mysterious disease became known as the "gay cancer" and was considered as an immediate sentence for death.

Since then, HIV/AIDS has been responsible for over 25 million deaths worldwide, and the Caribbean Islands have had nothing short of a personal encounter with the disease, as HIV/AIDS claimed 20,000 lives in the region. The most affected countries in the Caribbean have consistently been Haiti, the Bahamas, Guyana, Barbados, Jamaica, Grenada, and Trinidad and Tobago.

Mr. Best quotes U.S. HIV/AIDS expert Dr. Wayne Greaves as stating that "Looking back on what has happened in the 25 years, the picture is still not a bright one." Despite all the innovative treatments that now prolong the lives of HIV/AIDS patients, there is still no cure or even a drug that prevents HIV in the first place.

Another very noteworthy point that Mr. Best emphasizes is that HIV/AIDS, while first distinguished as a homosexual, white, male disease, has now become blind to sexual orientation, gender, and race as it is alarmingly spreading and infecting increasing numbers of Blacks and heterosexual women. Although current census places Blacks as accounting for 12 per cent of the U.S. population, they also account for a whopping 51 per cent of the new HIV cases in the nation. Furthermore, the diagnosed HIV cases for women have tripled since first cases in 1985.

Mr. Best cites possible theories that may explain these surprising shifts in HIV infection such as low rate of uncircumcised Black males compared with whites, the large Black prison population, and poverty. In essence, the HIV/AIDS epidemic has completely transformed in nature with regards to who is primarily infected by the disease. Akin to the shift in the face of the HIV/AIDS epidemic exists the fact that the HIV virus is able to mutate so easily, making it virtually impossible for scientists to develop a vaccine against the disease.

Nevertheless, Mr. Best cites Dr. Greaves as commenting that while the cure to HIV is a "far way off," in the meanwhile, scientist can still continue to develop medications that can prolong life. This point is well taken in light of the fact that there is no cure for diabetes and hypertension, and yet, science has been able to treat people with these diseases to the point where the public no longer sees them as terminal conditions. Dr. Greaves underscores education and access to beneficial drugs as key elements in the fight against HIV/AIDS.

TWENTY-FIVE YEARS AFTER THE FIRST
CASES—THE CHANGING FACE OF HIV/AIDS
EPIDEMIC

(Tony Best)

To some, it was the disease from hell, the "gay cancer," that brought death. To others, it was an unfathomable plague whose origins were first believed to be in Haiti. That was a discredited medical theory scarred a nation, forcing millions from the Caribbean country to fight back to clear their name. To yet another group, the lethal virus that terrorized communities in North America, Europe, the Caribbean and Latin America, is still wreaking havoc, especially in Africa, but much less so in North America and the Caribbean.

The disease: HIV/AIDS.

Twenty five years after the U.S. Centers for Disease Control first told the world in a 1981 report about the deaths of five homosexuals in California from a rare form of pneumonia, few countries, if any have been spared the ferocity of this deadly disease. Some 25 million deaths later, at least 20,000 of them in Haiti, the Bahamas, Guyana, Barbados, Jamaica, Trinidad and Tobago, Grenada, and their neighbors, the world is grappling with the devastation HIV/AIDS has left behind. The Bahamas and Barbados, for instance, are considered success stories in dealing with it, have had more than its fair share of deaths. "Looking back on what has happened in the 25 years, the picture is still not a bright one," said Dr. Wayne Greaves, a Caribbean scientist and an HIV/AIDS expert in the U.S.

For one thing, asserts Dr. Greaves who heads a research laboratory at a large U.S. pharmaceutical firm, "we can argue it is brighter than before, because there are newer and more effective drugs." Even more important, scientists know how to block some, not all, infections that attack the immune functions within the body. Still, there is no drug, which prevents HIV infection in the first place.

"From the epidemiological standpoint it is particularly disconcerting, particularly among Blacks and Hispanics," he said. "In the early days of the epidemic, 95 per cent of the total cases were among men. Two-thirds of those cases were among Caucasians. Blacks made up 20 per cent of the cases. Today, although Blacks account for 12 per cent of the U.S. population they account for 51 per cent of the new HIV cases. For women, the story today isn't very good. The cases diagnosed in the U.S. have increased dramatically among women, tripling among women. From eight per cent in 1985 women accounted for 29 percent of all the cases. It is even higher today."

The hard part is that the pattern of the diseases in Caribbean countries mirrors the trend in the U.S. Globally, more than three million died in 2004 and of the 40 million who succumbed to the disease since 1981, Africa accounted for half of them. In sub-Saharan Africa alone 25.8 million are living with HIV, a 75 per cent jump in the last decade. Sub-Saharan Africa has the world highest rate of infection followed by the Caribbean. In Asia, 8.3 million are living with the disease, an increase of almost 300 per cent since 1981. Indeed, 25 per cent of the new worldwide cases were in Asia last year. In Latin America and the Caribbean an estimated 2.1 million now have the disease, a 75 per cent increase from 1995.

"What is really very troubling in the United States is the high rate of infection among Black men, who are having sex with other men and many are also having sex with women," said Dr. Greaves. "This is really very troubling." How come such growing infections among Black men? "It's not really quite clear what's happening," Greaves said.