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THE PSYCHOTROPIC PLAGUE: OVERMEDICATION OF NORTH CAROLINA'S FOSTER CHILDREN

*Fatina J. Lorick*¹

Introduction

What happens when a system intended to protect our children fails? A system that allows negligent prescriptions of psychotropic medications to foster children is a failed system. Psychotropic drugs sedate our children without regards to side effects. “New Report Says 7-Year Old’s Suicide Could Have Been Prevented.”² This was one of many headlines that followed the suicide of seven year-old foster child, Gabriel Myers.³ Gabriel’s foster brother found him locked in the bathroom of his foster parent’s home with a shower cord wrapped around his neck.⁴ At the time of his suicide, Gabriel’s psychotropic medications included Symbyax, Lexapro, and Zyprexa; “a drug cocktail no real parent would countenance.”⁵ Gabriel never got a chance to graduate from high school, attend his prom, or even experience a first kiss. Perhaps if Florida Department of Child and Family Services took more time to monitor and assess the needs for Gabriel’s medications he would still be alive today. Although Gabriel was a foster child in Florida, the issue of inappropriately prescribed psychotropic medications to foster children is an issue in all States, includ-

1. Fatina J. Lorick is a candidate for Juris Doctor at North Carolina Central School of Law, May 2015. She earned a Bachelor’s of Social Work degree from Winthrop University in Rock Hill, SC. She also has a Master’s of Social Work Degree from the University of North Carolina at Chapel Hill. Prior to law school, Fatina worked as a Child Protective Services Social Worker in North Carolina for approximately four years. Her direct work with foster children inspired her to write this article. Fatina would like to thank the Biotechnology & Pharmaceutical Law Review for support with this article. Finally, Fatina would like to dedicate this article to North Carolina’s foster children and in memory of Gabriel Myers.

2. Carlin Miller, *Gabriel Myers Investigation: New reports says suicide could have been prevented*, CBS NEWS (May 13, 2010, 1:20 PM), <http://www.cbsnews.com/news/gabriel-myers-investigation-new-report-says-7-year-olds-suicide-could-have-been-prevented/>.

3. *Id.*

4. Gabriel Myers Work Group, *Timeline*, FLA. DEP’T OF CHILD AND FAMILY SERV., 25, 26, http://www.dcf.state.fl.us/initiatives/gmworkgroup/docs/GM_timeline.pdf (last visited Jan. 5, 2014).

5. Fred Grim, *So much bluster but foster kid’s drug nightmare continues*, MIAMI HERALD (May 1, 2010, 4:44 PM), <http://gabrielmyers.wordpress.com/2010/05/01/so-much-bluster-but-foster-kids-drug-nightmare-continues/>.

ing North Carolina.⁶ North Carolina should take immediate action to proactively address this issue because the lives of innocent foster children are at stake.

Foster children are more likely than children outside of the foster care system to be prescribed psychotropic medications.⁷ In North Carolina, approximately ten percent of foster children receive at least one antipsychotic psychotropic medication while only two percent of non-foster children receive these medications.⁸ Psychotropic medications are drugs “that affect the psychic function, behavior, and experience of a person using them.”⁹ Psychotropic medications fall within six categories: anxiolytics, stimulants, antipsychotics, mood stabilizers, antidepressants, and depressants.¹⁰ Side effects of psychotropic medications include liver damage, convulsions, neurological disorders, and suicidal ideations.¹¹ In 2011, North Carolina implemented a bill entitled “A+ Kids Registry and ASAP Initiative” (“A+ Kids”) that requires the Community Care of North Carolina and the Department of Health and Human Services to monitor the administration of atypical antipsychotic medications to Medicaid recipients under the age of 18.¹² Although this new legislation requires additional oversight with antipsychotic medications, there is a need for additional interventions to address the issue of psychotropic medications as a whole. The main issue is whether psychotropic medications are appropriately prescribed to foster children. When psychotropic medications are appropriate for a particular foster child there is a need to ensure that the medications are safely administered to the foster child. Additional oversight and regulations are needed to ensure that Department of Social Services in North Carolina exhausts all treatment alternatives prior to prescription of psychotropic medications.

6. Family and Children Resource Program, Monitoring and Oversight of Psychotropic Medications for Children in Foster Care in North Carolina, PSYCHOTROPIC MEDS WEBINAR, 20 http://fcrp.unc.edu/pdfs/psychotropicmeds_webinar.pdf (last visited Jan. 5, 2014).

7. *Id.*

8. *Id.*

9. Matthew Cummings, *Sedating Forgotten Children: How Unnecessary Psychotropic Medication Endangers Foster Children's Rights and Health*, 32 B.C. JOURNAL & SOCIAL JUSTICE 357, 359 (2012).

10. *Id.*

11. *Id.* at 360.

12. S. B. 402, 2013 Gen. Assemb., Reg. Sess. (NC, 2013) (Continue A+Kids Registry and ASAP Initiative § 12H.28).

This Comment will first critique the sufficiency of A+ Kids. Next, the comment will discuss a similar successful initiative in Texas that focuses on foster children. Additionally, this comment will highlight the importance of informed consent when foster children are prescribed psychotropic medications. Last, this comment will discuss the importance of education of foster parents, mental health professionals, and social services workers in order to address the issue.

Background: Current Laws, A+ Kids, and Insight from Texas

Gabriel's case provides an example of psychotropic medications dangerously administered to a foster child. When Florida Department of Child and Family Services ("DCF") obtained legal custody of Gabriel he took Adderall for a diagnosis of Attention Deficit Hyperactive Disorder.¹³ While in the custody of DCF, a psychiatrist prescribed an additional psychotropic medication, Symbyax.¹⁴ The foster parents took Gabriel to a psychiatric appointment and notified a DCF worker by email of the change in Gabriel's medication.¹⁵ In the same email, the foster parents gave a thirty day notice that Gabriel could no longer remain in the foster home.¹⁶ The foster parents did not seek consultation and approval from the biological mother or the DCF worker for the new medication.¹⁷ Also, Gabriel did not have a history of suicidal attempts or psychosis.¹⁸ One of the side effects of Symbyax is suicidal thoughts; Gabriel committed suicide less than a month after the psychiatrist prescribed Symbyax.¹⁹ Gabriel's case provides an example of what can happen as a result of prescribed psychotropic medications with little oversight.

Despite the severe side effects of psychotropic medications, the current laws provide little oversight and regulations to govern the administration of these medications to children. In respect to psycho-

13. See FLA. DEP'T OF CHILD AND FAMILY SERV., *supra* note 4 at 1.

14. *Id.* at 19; see also DRUGS.COM, <http://www.drugs.com/symbyax.html>. (Symbyax contains olanzapine an antipsychotic medication, and flouxetine, an antidepressant. Symbyax should not be prescribed to children under the age of ten years old.)

15. *Id.* at 19.

16. *Id.*

17. *Id.* at 20.

18. See FLA. DEP'T OF CHILD AND FAMILY SERV., *supra* note 4 at 4, 10, 19, 22.

19. *Id.* at 26.

tropic medications, psychiatrists and physicians are not generally regulated by the Federal Drug Administration and prescriptions may be “off label.”²⁰ This means that physicians can legally prescribe large doses of psychotropic medications not approved for children.²¹ In a 2006 report, the Federal Drug Administration only approved “thirty-one percent of psychotropic medications for children, but children took approximately forty-five percent of their psychotropic medications off-label.”²² Among the States, rates of psychotropic medications to foster children are as high as forty percent.²³

In North Carolina, approximately twenty-four percent of foster children took at least one psychotropic medication while in foster care.²⁴ The North Carolina Department of Social Services (“NCDSS”) has the authority to decide the mental health treatment and care of foster children.²⁵ By law, NCDSS must make reasonable efforts to obtain consent from the biological parents when deciding the treatment of foster children.²⁶ North Carolina provides little guidance and restrictions regarding mental health medications for children aside from the “reasonable efforts” requirement.

North Carolina recognized a need for additional oversight to regulate psychotropic medications for foster children. Pursuant to the A+ Kids, the Department of Health and Human Services and Community Care of North Carolina must “[m]onitor the prescription and administration of atypical antipsychotic medications to Medicaid recipients under the age of 18,” by entering the prescriptions into a registry.²⁷ Additionally, there is a requirement for “a prior authorization policy for off-label antipsychotic medication prescribing with safety monitoring for Medicaid recipients 18 and older through the Adult Safety with Anitpsychotic Prescribing (ASAP) Initiative.”²⁸ The initiative also requires that ASAP and the Department to report the effectiveness of the reporting system to the Joint Legislative

20. See Cummings, *supra* note 9 at 360.

21. *Id.*

22. *Id.* at 360, 361.

23. See PSYCHOTROPIC MEDS WEBINAR, *supra* note 6 at 19.

24. *Id.* at 20.

25. N.C. GEN. STAT. § 7B-903 (a)(2) (2013).

26. N.C. GEN. STAT. § 7B-903 (a)(2)(c) (2013).

27. S. B. 402, 2013 Gen. Assemb., Reg. Sess. (NC, 2013) (Continue A+Kids Registry and ASAP Initiative § 12H.28(a)(1)).

28. S. B. 402, 2013 Gen. Assemb., Reg. Sess. (NC, 2013) (Continue A+Kids Registry and ASAP Initiative § 12H.28(a)(2) (2013)).

Committee no later than April 1, 2014.²⁹ The intent of the initiative is to ensure that antipsychotic medications are safely prescribed and monitored.³⁰

In order for North Carolina to really address the psychotropic medication epidemic the state should take an approach similar to Texas. In comparison to North Carolina, Texas takes a holistic approach in addressing the issue of psychotropic medications. In September of 2005, Texas Senate Bill six created a “single managed care organization for foster children with requirements for consent and monitoring of psychotropic medications.”³¹ First, the bill precluded doctors from prescribing psychotropic medications without the consent of the “court-designated individual” for the child.³² Additionally, a psychotropic medication prescribed to children under the age of six required court approval.³³ Psychotropic medications prescribed to foster children over the age of sixteen required consent by the foster child.³⁴ If the foster child refused to consent, then the prescription required approval by the court.³⁵ The Texas bill also mandated that doctors provide the child and caregivers with specific information regarding the guidelines of the specific psychotropic drug.³⁶

In addition to mandates for informed consent, the Texas bill also required review of psychotropic medication patterns.³⁷ The review was annual and identified all medical providers that prescribe

29. *Id.*

30. See PSYCHOTROPIC MEDS WEBINAR, *supra* note 6 at 20.

31. Texas Department of Family and Protective Services, *Psychotropic Medication Monitoring in Texas Foster Care*, PRESENTATION TO THE TEXAS CASA CHAPTER, 2, available at <http://www.docstoc.com/docs/129037499/Presentation-to-the-Texas-CASA-Chapter> (last visited Jan 5, 2014).

32. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28 § 264.752 (a)), available at ftp://ftp.legis.state.tx.us/bills/79R/analysis/html/senate_bills/SB00001_SB00099/SB00006I.HTM.

33. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.752 (b)).

34. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.752 (c)).

35. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.752 (c)).

36. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.752 (d)).

37. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.753 (a)).

psychotropic medications at a higher than average rate.³⁸ The Texas bill mandated a drug team of blended professionals, appointed by the governor, which consisted of foster parent representatives, biological parent representatives, Department of Social Services representatives, and medical professionals.³⁹ The role of the review team was to keep track of the types and amounts of psychotropic medications prescribed to foster children.⁴⁰ Finally, the bill required the Department of Social Services “to study the level of care system that is used in determining a child’s foster care needs to ascertain whether the system creates incentives for prescribing medications to children in foster care.”⁴¹

A+ Kids does consider the tactics used in Texas to combat the issue; however, the extent of oversight required by North Carolina is minimal compared to the Texas bill.⁴² A+ Kids is a small start towards addressing the issue; however, there is a need for further regulations and oversight. A+ Kids only focuses on antipsychotic medications while the Texas bill focuses on psychotropic medications as a whole. North Carolina’s main purpose is to ensure that antipsychotic medications are safely administered to foster children. North Carolina’s aim is admirable; however, it does not assess whether or not psychotropic medications are even necessary or appropriate for the particular foster child. The Texas initiative addresses the issue of appropriateness of treatment by mandates of multiple studies to analyze trends and creates another layer of oversight.

The A+ Kids’ main focus is on the medication providers. The bill does not address the issue of informed consent. The Texas bill addresses informed consent, which helps to eliminate inappropriate and unnecessary prescriptions to foster children. The A+ Kids Bill is new and there is no data to support the success or failure of the program. In contrast, Texas has data to support that the new laws are successful. As a result of the Texas initiative, the amount of psychotropic medication decreased by thirty six percent from 2004 to

38. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.753 (a)).

39. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.754 (b)).

40. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 264.754 (c)).

41. S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28;§ 1.29).

42. See PSYCHOTROPIC MEDS WEBINAR, *supra* note 6 at 4.

2011.⁴³ Over the same year span, the prescriptions of five or more psychotropic medications to one foster child decreased by seventy percent.⁴⁴ Such a drastic decrease in medications calls into question if the prescriptions were necessary and appropriate back in 2004. North Carolina needs to assess this question, not just for antipsychotic medications but for psychotropic medications prescribed to foster children. North Carolina should adopt more of the tactics of Texas in order to assess appropriateness and safe administration of medications.

Analysis: The Solution

In order to thoroughly assess the appropriateness and safety of psychotropic medications prescribed to foster the children North Carolina should: (1) adopt a monitoring and review system more closely related to Texas; (2) create a more sufficient system of informed consent; and (3) ensure appropriate education of foster parents, foster children, social services professionals, and mental health professionals. Laws and interventions to support these measures will ensure the safety and well-being of North Carolina's foster children.

(1) Adopt a monitoring and review system more closely related to Texas

A+ Kids requires that physicians record all antipsychotic medications prescribed to foster children in the A+KIDS Registry.⁴⁵ Additionally, Community Care of North Carolina and the Department of Health Human Services must report of the effectiveness of the program no later than April 1, 2014.⁴⁶ The registry requires doctors to document the diagnosis, target symptoms, adverse effects, height, weight, and glucose levels of the foster children prescribed antipsychotic medications.⁴⁷ If the physician fails to document the information into the registry, then the foster child is unable to receive the antipsychotic medication from the pharmacist.⁴⁸

43. See PRESENTATION TO THE TEXAS CASA CHAPTER, *supra* note 31 at 13.

44. *Id.*

45. S.B. 402, 2013 Gen. Assemb., Reg. Sess. (NC. 2013) (Continue A+KIDS Registry ASAP Initiative §12H.28 (b)).

46. S.B. 402, 2013 Gen. Assemb., Reg. Sess. (NC. 2013) (Continue A+KIDS Registry ASAP §12H.28 (b) (2013)).

47. See PSYCHOTROPIC MEDS WEBINAR *supra* note 6 at 5.

48. *Id.* at 22.

Unlike North Carolina, the Texas bill requires very specific areas of review to address inappropriate prescriptions and dangerous administration of psychotropic medications. First, the reviewers look at whether or not the foster child completed a thorough psychological or mental health assessment by a licensed mental health professional.⁴⁹ Second, the reviewers look at whether or not the foster child is prescribed multiple psychotropic medications in concomitant.⁵⁰ The reviewers evaluate whether or not the medication is consistent with the care and prescription of the foster child.⁵¹ Next, the reviewers assess whether “[m]ultiple psychotropic medications for a given mental disorder are prescribed before utilizing a single medication.”⁵² Finally, the reviewers assess whether or not “the psychotropic medication dose exceeds usually recommended doses.”⁵³

North Carolina should adopt the same level of review and monitoring as Texas with a focus on psychotropic medications as a whole. As a result of Texas’s revised monitoring system, prescriptions of psychotropic medications to foster children decreased by thirty-six percent from 2004 to 2011.⁵⁴ Additionally, the amount of multiple psychotropic medications prescribed to one child decreased by seventy percent during the same time span.⁵⁵ An increase in the level of review provides a baseline for North Carolina to truly evaluate the appropriateness of psychotropic medications. The current North Carolina bill does provide a system of accountability among the medical professionals, social services, and the mental health system. However, the monitoring system only addresses the surface of the issue. The current system does not ensure that the child completed a thorough mental health assessment prior to prescription of the psychotropic medication. Moreover, the system does not assess the appropriateness of the medication in relation to the actual diagnosis. Assessment of these factors ensures that the prescription is appropriate.

Like Texas, North Carolina should also mandate that in addition to social services and Community Care, blended teams appointed by

49. See PRESENTATION TO THE TEXAS CASA CHAPTER, *supra* note 31 at 4.

50. *Id.*

51. *Id.* at 5.

52. *Id.*

53. *Id.*

54. See PRESENTATION TO THE TEXAS CASA CHAPTER, *supra* note 31 at 13.

55. *Id.* at 30.

the governor to review data related to psychotropic prescriptions to foster children. The blended teams should assess the data according to the factors considered in Texas. “Monitoring the use of psychotropic medications is complex and requires a nuanced, collaborative approach.”⁵⁶ Review by a blended team allows a thorough assessment of the data to ensure that appropriate interventions are in place. Ultimately, Texas’s method of review created positive results for Texas’s foster children by the decreased use of psychotropic medications.⁵⁷ In order to see results like Texas, North Carolina should adopt a monitoring system identical to Texas.

(2) Create a more efficient system of informed consent

In North Carolina, there is no statutory or administrative requirement for informed consent by the foster child and biological parent prior to approval of psychotropic prescriptions. The definition of informed consent is “[a] patient’s knowing choice about a medical treatment or procedure made after a physician or other healthcare provider discloses whatever information a reasonably prudent provider in the medical community would give to a patient regarding the risks involved for medical treatment.”⁵⁸ North Carolina should ensure that that biological parents and foster children have informed consent and input into the mental health treatment of the foster child.

Biological parents have a Fourteenth Amendment right to raise their children and make decisions regarding their children as they see fit.⁵⁹ A State can infringe upon a biological parent’s right to raise their child when the State’s actions do not violate Due Process requirements.⁶⁰ Additionally, “[t]he Supreme Court has consistently

56. North Carolina Department of Health and Human Services, *MRS/Information in Support of North Carolina’s Multiple Response System*, NCDHHS.GOV, 1, http://www.ncdhhs.gov/dss/mrs/docs/newsletter_november_2012.pdf (last visited Dec. 12, 2013) (November 2012 Newsletter).

57. See PRESENTATION TO THE TEXAS CASA CHAPTER, *supra* note 31 at 13.

58. Stephen A Talmadge, *Who should determine what is best for Children in State Custody who Object to Psychotropic Medication?* 15 ANNALS HEALTH L. 183, 189 (2006). *citing* BLACK’S LAW DICTIONARY 130 (2d pocket ed. 2001).

59. Santosky v. Kramer, 455 U.S. 745, 753 (1982) (“The fundamental liberty interest of natural parent in the care, custody, and management of their child does not evaporate because [the parent] . . . lost temporary custody of the child to the State.”).

60. *Id.*

held that the right to privacy and bodily integrity grants individuals the freedom from being forced to take psychotropic medication.”⁶¹

Generally, foster care social workers have the responsibility to consent to psychotropic medications.⁶² A foster care social worker may intend to serve the best interests of the foster child; however, they are often constrained by lack of resources, subpar working conditions, and high caseloads.⁶³ Biological parents are the foster child’s strongest advocates because they have a personal connection to the child that makes them well-suited to serve the child’s best interests.⁶⁴ Social service agencies often discount the input of biological parents based on the parent’s history of inappropriate parenting.

Consent and input from a biological parent offers practical benefits to the treatment of the child.⁶⁵ When the permanent goal is for the foster child to return to the custody and care of the biological parent, involvement in the treatment process makes logical sense.⁶⁶ The child benefits from the biological parent’s ability to provide an adequate medical and behavioral history of the child.⁶⁷ Input and consent by the biological parent empowers the parent to become active in his or her child’s mental health treatment.⁶⁸ The ultimate goal is for the biological parent to be able to independently navigate the mental health system once the Department returns the child back to the parent’s custody.⁶⁹ When the permanent goal is not for the child to return to the care of the biological parent, input from the biological parent becomes more difficult. The contributions of the biological parent are still significant although the parent has failed to take the necessary actions to regain custody of the child. The biological parent is still able to offer information about the child in order for mental health professionals to adequately assess the mental health needs of the child.

61. See Cummings *supra* note 9 at 369 (citing Stanley v. Georgia, 394 U.S. 557, 565(1969)) (see also Mills v. Rogers, 457 U.S. 291, 299 (1982)).

62. *Id.* at 371.

63. *Id.* at 373.

64. *Id.* at 367.

65. Rachel Camp, *A Mistreated Epidemic: State and Federal Failure to Adequately Regulate Psychotropic Medications Prescribed to Children in Foster Care*, 83 TEMP. L. REV. 369, 392 (2011).

66. *Id.*

67. *Id.*

68. *Id.*

69. *Id.*

The child should also have input and be able to consent to psychotropic medications depending on the child's age. The child is the patient and should be entitled to consent to treatment. By law, children are generally considered incompetent, and often rely upon the decision making of biological parents and the State regarding their mental health treatment.⁷⁰ However, in some instances the United States Supreme Court extended fundamental rights afforded by the Constitution to minor children related to "privacy and bodily integrity in the context of contraception."⁷¹ "A child, merely on account of his minority is not beyond the protection of the Constitution."⁷² The issues of abortion and administration of psychotropic medications are similar.⁷³ "Both implicate fundamental constitutional interests and also both affect familial relations."⁷⁴ Moreover, a minor child has the ability to make a decision regarding an "invasive procedure like an abortion."⁷⁵ Likewise, a child should have a right to consent to his or her own mental health treatment.⁷⁶ Many teens have the ability to offer helpful insight and guidance into their mental health treatment depending on the circumstances.

Based upon the contributions of the biological parent and the foster child, North Carolina should require consent of sixteen-year-olds as well as parents prior to prescribing psychotropic medication. Informed consent also prevents hasty decisions to medicate the foster child. The foster child, mental health professional, foster parent, social worker, and biological parent have the opportunity to weigh all the benefits and consequences of the psychotropic medication. If the parent is unwilling or unable to provide consent, NCDSS should move forward with the psychotropic medications. If a parent and/or foster child sixteen-years-old or older refuses consent, then social service agencies should be required to obtain a court order prior to approval of the psychotropic medication. Additionally, North Carolina should require approval by the social services agency prior to the

70. See Talmadge, *supra* note 58 at 201.

71. *Id.* at 208.

72. *Bellotti v. Baird*, 443 U.S. 622, 633 (1979) (*Baird* held that a minor child has a right to obtain an abortion independent of parental consent. The Supreme Court reasoned that minors had the ability to make these decisions regarding their own bodies.)

73. See Talmadge, *supra* note 58 at 208.

74. *Id.*

75. *Id.*

76. *Id.*

foster children being placed on any psychotropic medication. By statute, social services must consent to the mental health treatment of the foster child; however, there is a need for a statute that specifically states that a doctor is unable to prescribe any medication without authorization by NCDSS.⁷⁷ Finally, like Texas, North Carolina should require court approval prior to prescribing psychotropic medications to the children under the age of six.⁷⁸ North Carolina should waive the right of informed consent in life or death situations in which there is an immediate need for medication.

(3) Ensure appropriate education of foster parents, social services professionals, and mental health professionals

North Carolina recently took action to ensure that foster parents, social services professionals, and mental health professionals receive appropriate education on the mental health issues of foster children.⁷⁹ In November of 2012, North Carolina began an initiative entitled Project Broadcast.⁸⁰ The goal of Project Broadcast “is to help provide [foster] children with services and practices to address the trauma caused by past abuse or neglect before that mistreatment leads to mental health problems or chronic disorders later in life.”⁸¹ Project Broadcast is funded through a five-year grant for \$640,000.⁸² Project Broadcast creates “systemic changes so the training and interventions offered to nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson) can eventually be expanded to all 100 counties.”⁸³ Project Broadcast includes evidence-based training on trauma for foster parents and child welfare workers.⁸⁴ Also, the project provides additional interventions which include Adolescents Responding to Chronic Stress, Attachment and Behavioral Catch-up, Trauma Focused Behavioral Therapy,

77. N.C. GEN. STAT. § 7B-903 (a)(2) (2013).

78. See S.B. 6, 2005 Leg., 79(R) Sess. (Tex. 2005) (subchapter 1.28; § 264.752 (b)). (Given the impact of psychotropic medications on younger children there is a need for additional oversight to monitor medications in children under the age of six. Medications to younger children should be the last resort after NCDSS exhausts alternative interventions.)

79. See NCDHHS.GOV, *supra* note 56 at 5.

80. *Id.*

81. *Id.*

82. *Id.*

83. *Id.*

84. See NCDHHS.GOV, *supra* note 56 at 5.

and Parent Child Interaction Therapy, to address trauma experienced by foster children.⁸⁵ These interventions are trauma-focused and evidence-based.⁸⁶

Project Broadcast is a great initiative to address inappropriate prescriptions of psychotropic medications. Project Broadcast provides preventative services to combat serious mental health issues that often result in a need for psychotropic medications.⁸⁷ Generally, foster children are three times more likely to have behavior issues that require mental health treatment.⁸⁸ Approximately sixty-two percent of foster children have symptoms of a mental health disorder and trauma that require treatment.⁸⁹ The initiative allows mental health professionals to receive training to adequately address the mental health needs of foster children. Additionally, the foster parent and social worker trainings facilitate understanding and knowledge of how to manage the behaviors of foster children. Thus, North Carolina should permanently adopt this initiative in all counties in North Carolina.

In addition to trauma-focused training, North Carolina should also implement training to foster parents and social workers about psychotropic medications. The training would educate foster parents and social workers on the specific types of psychotropic medications, their effects, and safe administration. Such trainings raise awareness about psychotropic medications and ensure that they are properly administered. The foster parents and social workers will gain an understanding of the severe side-effects and safe administration of the medications. North Carolina should create a statute that requires the training of foster parents and social workers.

Conclusion

There is a need for more legislation to ensure that psychotropic medications are safely and appropriately prescribed to foster children. A+ Kids is a small start to address psychotropic medications in North Carolina's foster care system. North Carolina should conduct regular reviews and studies of the psychotropic medication of foster children

85. *Id.*

86. *Id.*

87. *Id.*

88. See NCDHHS.gov, *supra* note 6 at 18.

89. *Id.*

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in order to adequately address the issue. These reviews should address the specific areas addressed by Texas. There is a need for further education provided to mental health professions, foster parents, and child welfare professionals. Education about the mental issues of foster children and specific training about psychotropic medications ensure safe and appropriate administration of medications. North Carolina should implement these changes and interventions because our foster children deserve accurate and safe mental health care.