



FENTANYL AND SAFETY PLANNING

LEARNING OBJECTIVES

Assess whether a child can safely remain in the home in cases involving HPSO's

Identify and analyze the required components of an effective safety plan

Apply fentanyl-specific risk factors when reviewing or approving safety plans

Monitor, enforce, and modify safety plans to ensure ongoing child safety

Evaluate how safety planning aligns with Washington dependency statutes.

*“Separating children from their families can cause **irreparable harm**, disrupting a child’s brain architecture and affecting his or her short- and long-term health.*

*This type of prolonged exposure to serious stress - known as ‘**toxic stress**’ - can carry lifelong consequences for children.”*

-American Academy of Pediatrics



For More Information About Harms of Removal go to:

[Harms of Removal Training](#)



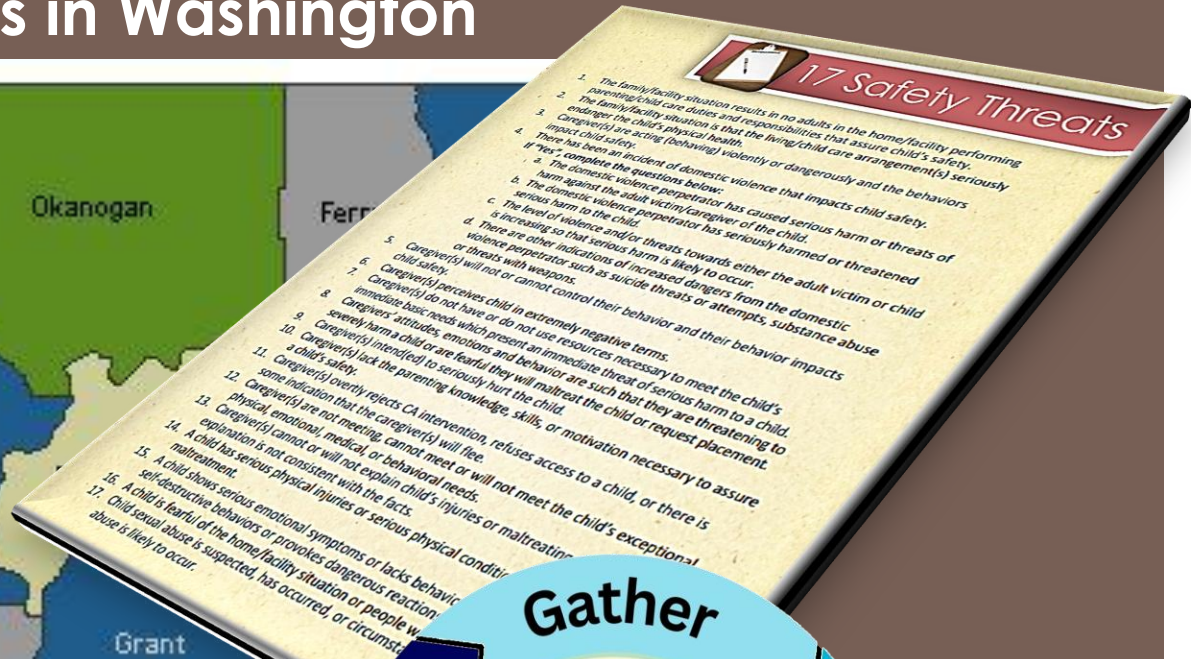
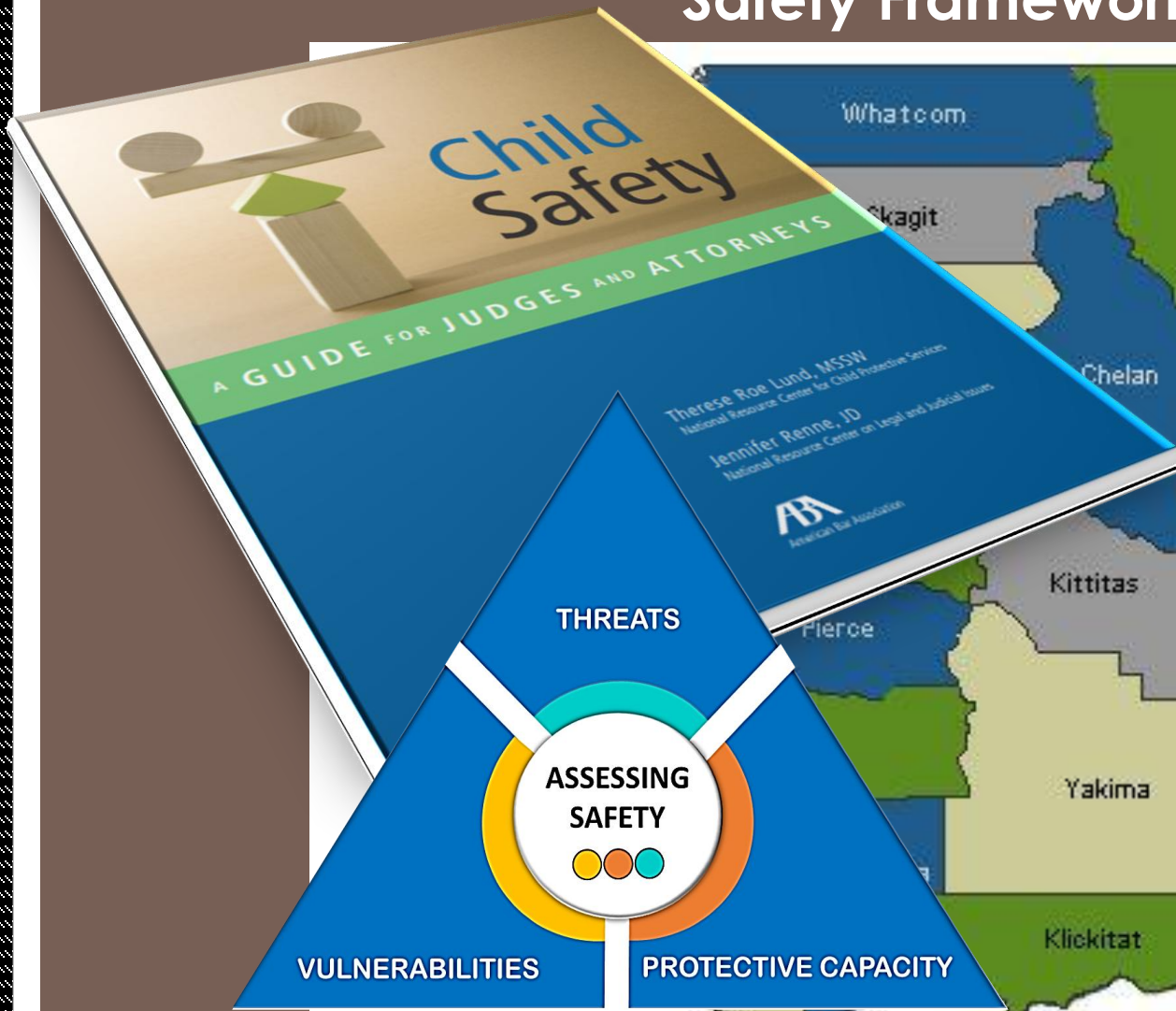
[iDecide Tool](#), Tools
and Resource Library





IS THE CHILD UNSAFE
WITHOUT
INTERVENTION

Safety Frameworks in Washington



Risk

Likelihood of future harm to the child due to parental behavior over time.

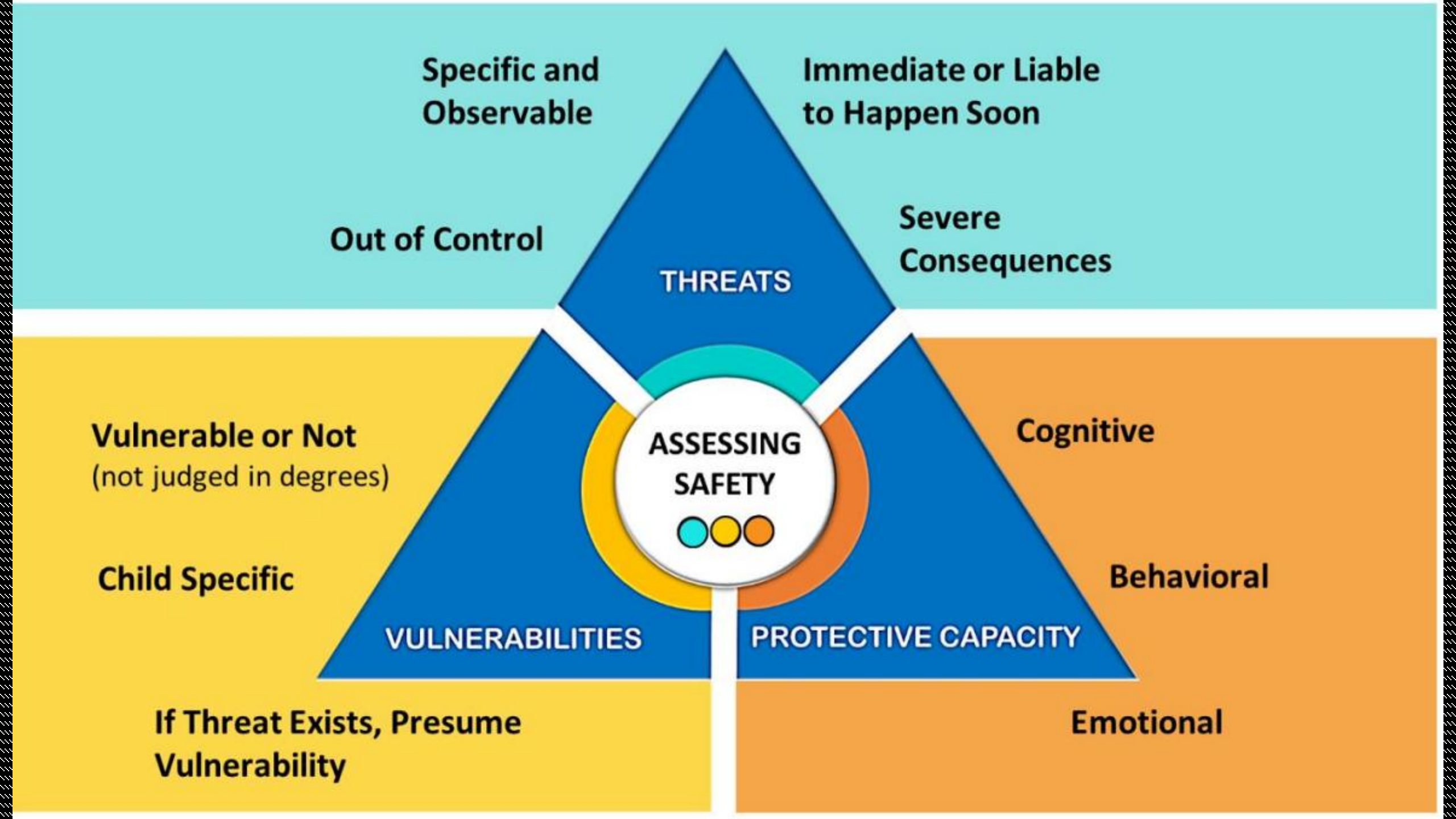


VS

Threat

Immediate danger that will result in serious harm to the child.







Basic Fentanyl Facts that Need to be Considered when Assessing Safety

- Ages newborn-4 are most at risk of ACCIDENTAL Ingestion-had to mouth ingestion
- Ages 13-19 are most at risk due to EXPERIMENTAL ingestion
- A Lethal dose is equivalent to a few grains of salt or the size of a small ant
- Can be swallowed, snorted, smoked, injected but not through the skin unless through a medically prescribed transdermal patch.



SAFETY PLANNING REQUIREMENTS

SUFFICIENT- Does the plan control the threat when the threat is active.

RELIABLE-the safety plan participants are willing and able to complete their task and if not know what to do and who to contact.

FEASIBLE-are the safety plan participants able to sustain the amount of effort needed for the period of time needed.

Building a
Safety
Plan,
Creating
Safety



Safety Planning Must:

- ✓ Control or manage specific threats to child safety IMMEDIATELY
- ✓ Create SHORT-TERM safety using a combination of Prevention Services/Tasks
- ✓ DO NOT require change in parents' behavior or attitude
- ✓ DO NOT rely on promises of parents
- ✓ Objective, clear, and understood by EVERYONE.

Increasing the likelihood of Success

- Developed with the Family and not for the Family
- Safety Plan Participants are assessed for their cognitive, emotional and behavioral ability to complete the task that keeps the child safe.
- The safety threat needs to be fully understood by everyone. (When, where, how who)
- The plan does not rely on one person
- Everyone on the plan agrees to exactly what they will need to do, how often, what to look for and what will they do if they see someone that goes against the safety plan. (Vagueness does not create safety)
- High Monitoring Levels (You are creating safety and need to know if it's working)



What Services create **IMMEDIATE**
Safety

MentiMeter

95754403



FENTANYL FACTS THAT CAN AFFECT SAFETY PLANNING

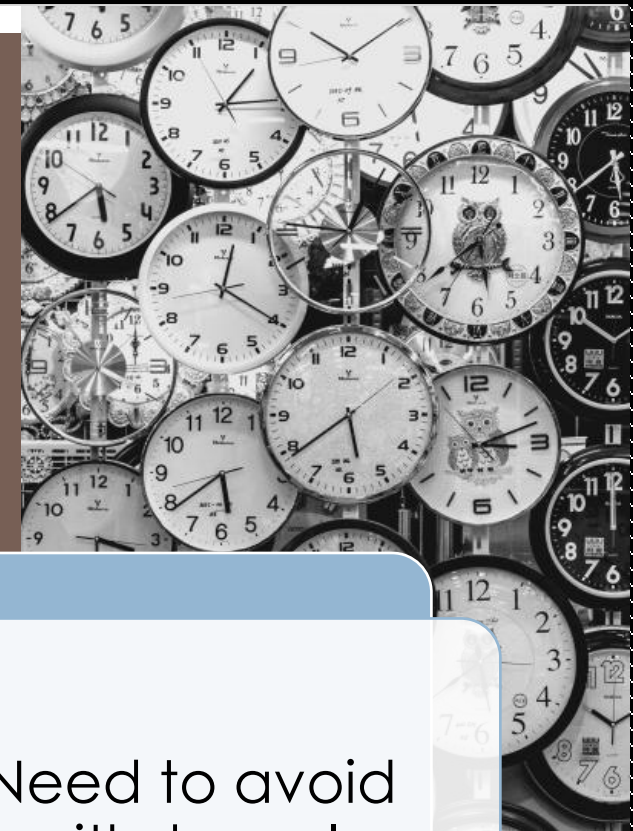
When is the Threat Active?

Most Active Right after Substance Use

People with lived experience say people use fentanyl every 1-3 hours.

High Potency 50 x's more potent than heroine but short acting.

Need to avoid withdrawal.



How Quickly is It Absorbed

- Intravenously- Immediate
- Smoked-1-2 minutes
- Oral Ingestion-Much Slower

Affects

- Heavy Drowsiness (Nodding off or passing out)
- Slowed Breathing
- Confusion or Dizziness





Where is the Threat Active?

Most Overdoses Occur in the Home

Use in the home, is very dangerous. Residue of the drug is extremely unsafe and residue of the paraphernalia. Ask yourself?

- How do you make sure the use is outside the home?
- Who will supervise the kids when the parent uses outside the home?
- Is it realistic that it's not used in the home?
- What's the backup if there is an emergency and they can't leave the home but they are withdrawing?
- Are the drugs and paraphernalia stored in the home and if so where and what precautions are taken?

Safe Sleep Practices

78%

Of Unsafe Sleep Fatalities, in 2025, reviewed by DCYF, 78% had known substance use or abuse involved



SAFE SLEEP

Co Sleeping is especially dangerous due to asphyxiation. The leading cause of death in infants is SIDS

- Place all babies on there back (0-1 year)
- Sleep surface that is firm, flat and level and only covered with fitting sheet
- Sleep area is free from all objects (pillow, blankets, etc.)
- Don't let the baby get to hot. Dress baby in clothes suitable for the temperature of the room



SAFETY PLANNING WITH FENTANYL ITS DIFFICULT

Services,
Items or
Tasks that
are often
put into a
safety plan

Lock Box

Nalaxone

Child Care

Someone moving into the home or the family moving to someone else's home

Services that provide case planning services but are part of a safety plan to monitor the safety plan such as Homebuilders or FPS



Naloxone (Safe for All)

- Does everyone know how to use the Naloxone
 - Is there enough Naloxone to put in the house and in the car?
 - Is the Naloxone easily accessible? Should not be in locked safe. It's not dangerous
-
- **Among the Cases of Fatal Overdose in children from 2019 to 2023 75% were not administered Naloxone**



Lockbox

Lockbox

- What will be in the lockbox? Drugs or Medications
 - Where is the lockbox?
 - Is the lockbox easily accessible to the parent and not accessible to the child?
 - How is the lockbox locked? If it's a key where is the key kept?
 - If the parent used in the home and put the drugs and paraphernalia into the lock box would there be time to do so before the affects of the fentanyl took hold?
-
- BACK UP PLANS??

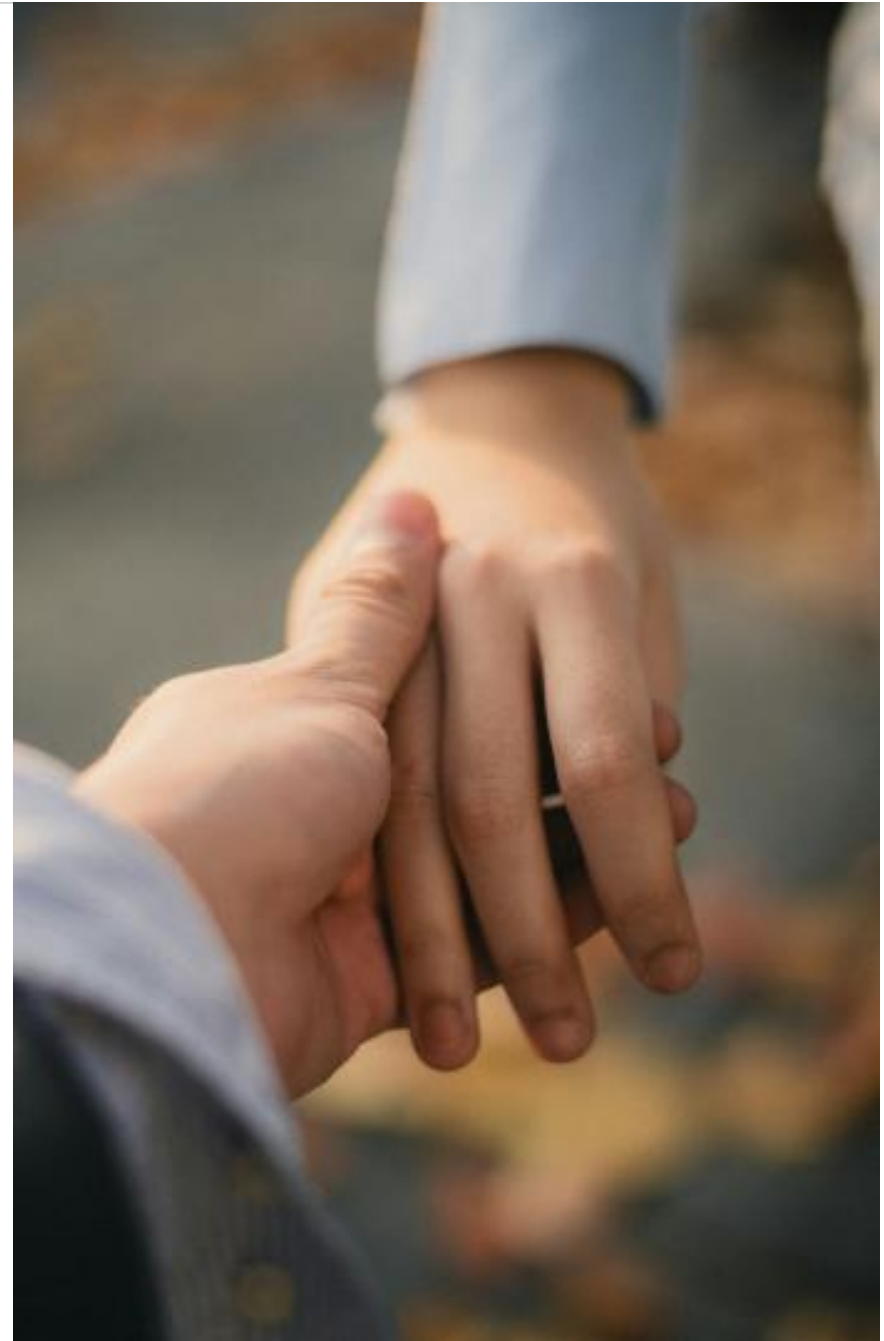
Child Care Centers

- Is there a schedule for when the child will be in childcare?
- If the child does not show up what will the childcare center do?
- Is there backup person to pick up the child if this is needed and do they have a car seat?
- Who will drive the child to and from?

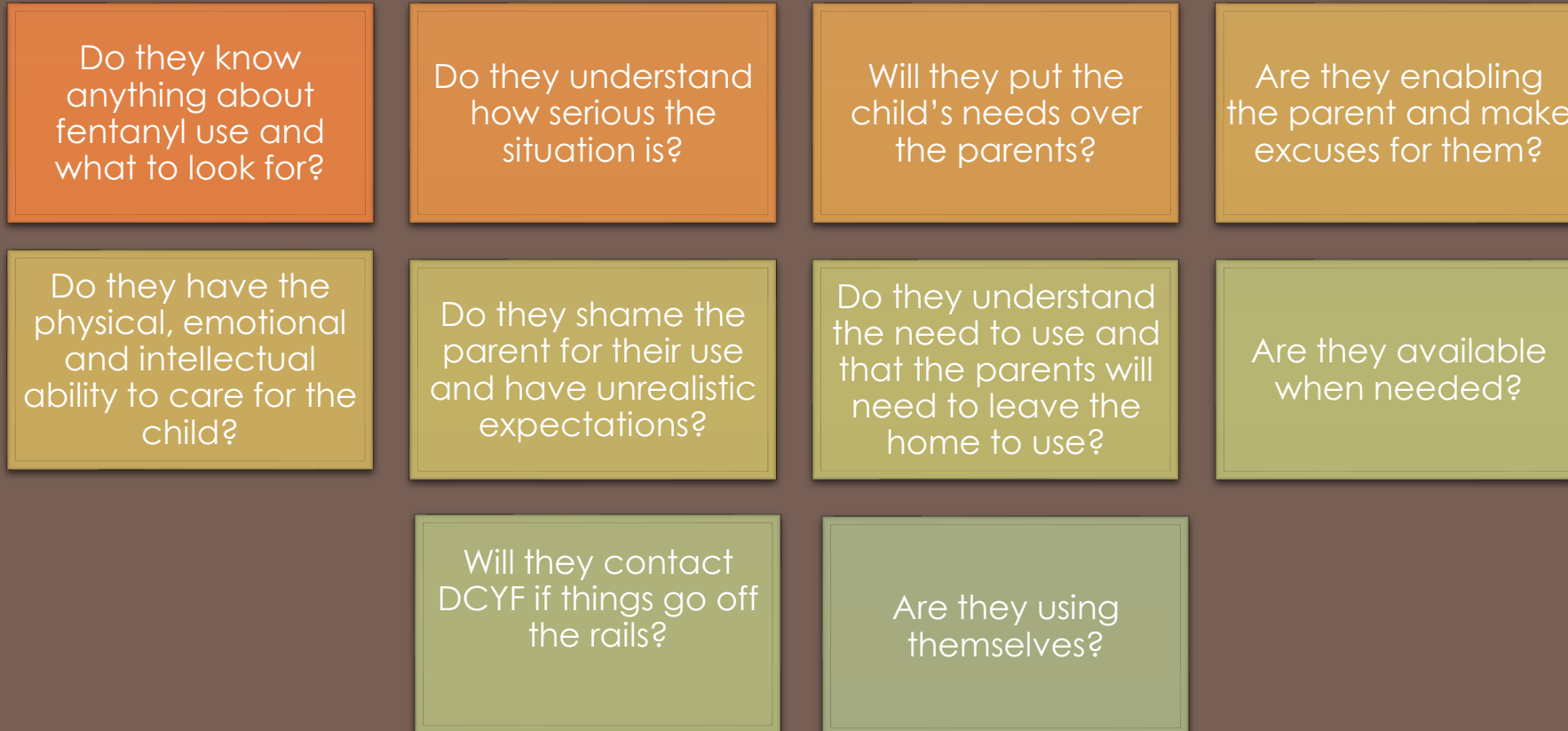


SERVICE PROVIDERS

- Other than case planning services what tasks are they doing to create safety?
- Have they signed the safety plan?
- Do they know they are part of the plan?
- Are they comfortable and able to be part of a safety plan?



Who Can Control the Threat and What factors need to be assessed?



Primary responsibility for caring for the child remains with the parent(s)

Activity- Build a Safety Plan

What needs to be controlled?

When does it need to be controlled?

Where does it need to be controlled?

Who(s) can control the threat and are there any factors that would prevent them from creating safety?

Who will monitor the plan?

What is the backup plan in the event LIFE happens?

What happens if the plan is not followed and by who?

If you can't safety plan what would need to be in place in order to? (This need to be clearly articulated to the family)



SAFETY PLANNING IN COURT



Shelter care and safety planning

RCW [13.34.065](#) The court will return the child unless there is reasonable cause to believe that the removal of the child is necessary to **prevent imminent physical harm**.

Section 5(b)(i)

- Prevention services would **prevent or eliminate the need for removal**
- The parent must be willing to participate in such services.
- If the parent agrees to participate in the prevention services, the court will place the child with the parent
- The court shall give **great weight to the lethality of high-potency synthetic opioids** and [public health guidance](#)

RCW [13.34.138](#) A child shall not be returned home at the review hearing unless the court finds that a reason for removal, as set forth in RCW [13.34.130](#), no longer exists.

Interpretation: It doesn't say you cannot safety plan to remedy the reason for removal, but it doesn't specifically call out that you have to.

In Practice: Often used post dependency when a parent has made significant progress, and there is disagreement regarding if the child is safe due to length of time of the change.

Safety Planning Post Dependency



MEDICATIONS

Medications for Opioid Use Disorder (MOUD)'s

Are medications not a replacement drug

Like all medications need to be locked up

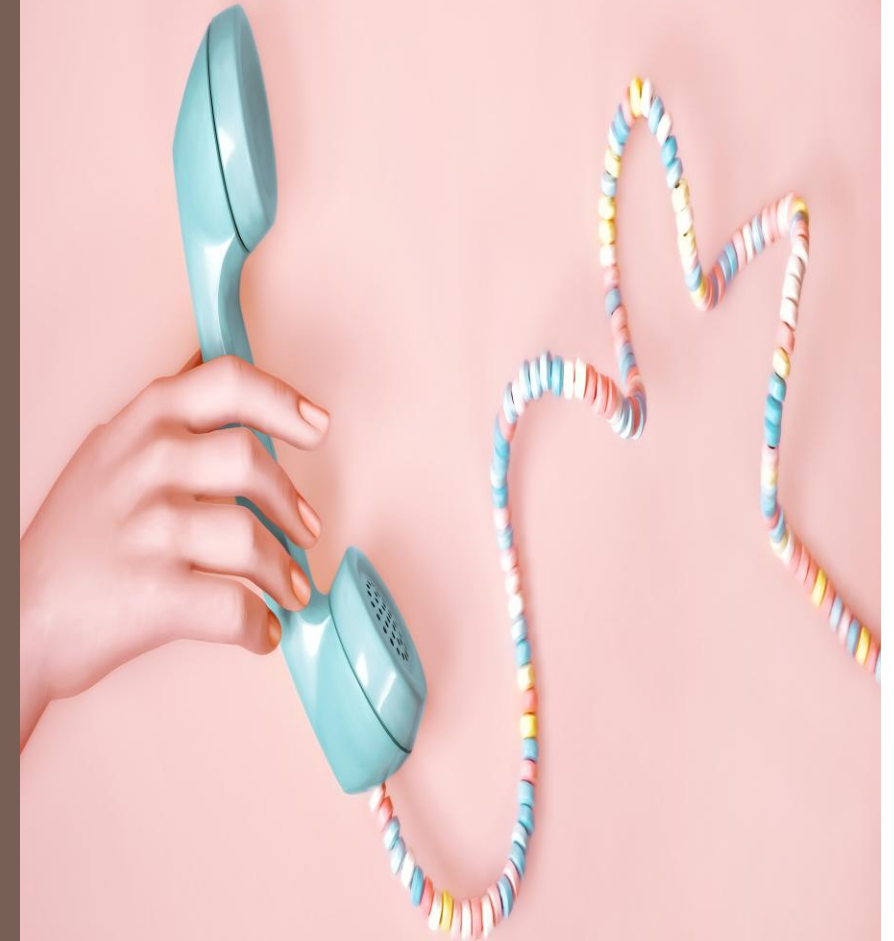
May not be in recovery, even when on the medication

There is an adjustment period (switch medications, decrease or increase)

Can help stabilize the parent-making safety planning less intensive.

Telebuprenorphine Hotline 206-289-0287

- The Washington Telebuprenorphine Hotline is a statewide telehealth program providing low-barrier access to buprenorphine, a medication for opioid use disorder (MOUD), to anyone ages 13+ years, including pregnant people.
9am-9pm Daily



THANK YOU

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