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Public Health Nurse Home Visiting Collaboration with Child Welfare

Frequently Asked Questions

June 2026

1. Question: A family I am working with is undergoing a CPS assessment. How do I connect with Child Welfare so that I can support my client and their goals?

Answer: Information about a [Child Protective Services \(CPS\) assessment](#) should be shared with all families that are being assessed by the Oregon Department of Human Services (ODHS). Your client may have the contact information for the assigned case worker and supervisor.

You can contact your local Oregon Department of Human Services (ODHS) [District Office](#) to get in touch with the assigned Child Protective Services (CPS) or Permanency Worker. Each worker has a supervisor, and there is a Program Manager at every office.

Carmen Mims, from the ODHS, Child Welfare, Child Fatality Prevention and Review Program, can be a resource if you are having trouble connecting with your local ODHS office. Email: Carmen.mims@odhs.Oregon.gov Phone: 971-409-8617

2. Question: ODHS is conducting an assessment on a client, and I received a request for medical records from ODHS. Should I share them?

Answer: Statute ([ORS 419B.050](#)) requires health care providers to share medical records of the child involved in the investigation without the consent of the child, or the parent or guardian of the child.

3. Question: Can I provide home visiting services to a child in foster care?

Answer: A child in foster care may receive services in a Public Health Nurse Home Visiting Program, however collaboration with the client's child welfare caseworker is required and consultation with your supervisor or a state nurse consultant is recommended. There may be some circumstances where it would be appropriate to enroll a resource parent but, in most cases, when reunification with the birth family is the goal, the birth parent is the client in these programs. All Public Health Nurse Home Visiting Programs are voluntary.

4. Question: How do I get consent to enroll a child that is in foster care in a nurse home visiting program?

Answer: ODHS is the legal guardian of a child in foster care; however, resource parents should be able to consent for some services. Resource parents may have a letter indicating what they can consent to. You can also speak with the child's ODHS caseworker to receive permission to enroll the child in a Public Health Nurse Home Visiting Program.

5. Question: A PHN Home Visiting client is in foster care. Can I speak with client's birth parents about the child?

Answer: Yes. Whenever possible, the goal of foster care is reunification of the child with their birth parent. If this is the case, and a birth parent is enrolled in a Public Health Nurse Home Visiting Program, it is important to discuss the child's physical and emotional state and needs with their birth parents. Do not discuss the resource parent and/or placement-specific information with the child's birth family (this includes the resource parents' full names, placement address, names of or information about other children in the home, etc.). Each family situation is different so contacting the child's case workers regarding communicating with the birth parents is recommended.

6. Question: Can I submit a Targeted Case Management (TCM) claim for a client in foster care?

Answer: Yes. Children in foster care are covered by Medicaid, and you may bill Medicaid for TCM services provided during home visits. The child's caseworker may also be billing for TCM. Connect with the caseworker to ensure your TCM plan and services are different than what child welfare would provide. Document this in your client's records.

7. Question: Should a home visitor be a part of the Child Welfare safety plan for a family?

Answer: It is recommended that home visitors not be directly included as part of the Child Welfare safety plan. A home visitor's role in the Child Welfare safety plan for a family can be supplemental, but there are important considerations to bear in mind due to the voluntary nature of the program. While the home visitor may offer valuable insights and support to the team, they should never be placed in a position to compel or require the birth family into specific actions or behaviors. It's crucial to respect the voluntary nature of the program and the autonomy of the birth family. Whether part of the team or not, home visitors are mandatory reporters and must alert authorities to safety concerns. If invited to join the team, they should consult their supervisor and/or state nurse consultant and define boundaries beforehand.

