



OPERATION MEMO

Title: Guidance for “Red Letters” or “Red Alerts”

Memo number: OM-CW-2026-007

Office/Division: Office of Children, Aging, and Community Services / Division of Child Welfare

Program area: PA3 & PA5

Outcome: Change in county child welfare hospital alert/red letter process

Pertinent statute/rule: § 19-1-303(1)(b); 12 CCR § 25091.7000.1; 12 CCR 2509-7 § 7.605.1.A.3.

Keywords: Hospital Notifications, Red Letter, Red Alert, Substance Exposed Newborns, SEN

Issue date: March 31, 2026 | **Effective:** March 31, 2026 | **Expires:** March 30, 2029

Intended recipients

This communication has been sent to all county human service directors and subscribers to the Office of Children, Aging and Community Services community partners email list that elect to receive notification when the Office issues a memo. Please forward pertinent information on to staff members as you deem necessary.

Purpose

The purpose of this Operation Memo is to provide county child welfare agencies guidance regarding the practice known as “Hospital Alerts”, “Red Letters”, “Red Flags” or “Red Alerts” (hereafter referred to as “Red Alerts”). This memo seeks to set and ensure uniform and consistent practice standards for the issuance of Red Alerts by county child welfare agencies to local hospitals or medical providers when they receive a report or have a suspicion that a pregnant individual is using substances.

Action

County child welfare teams should not send Red Alerts to hospitals when they receive a report or have a suspicion that a pregnant individual, who is not child welfare involved or does not have another child in their custody, is using substances.





After review, CDHS has found that:

- A county child welfare team may NOT contact a local hospital or medical provider regarding a person without an open Colorado child welfare case or assessment, and share that the individual may (1) be pregnant or (2) be using substances.
- A county child welfare team may NOT request a local hospital to notify them when an individual without open involvement in a Colorado child welfare assessment or case, alleged to have used substances while pregnant, gives birth at their facility.
- Prior to the birth of a child, a county child welfare team may NOT request a hospital drug test a non-child welfare involved individual who gives birth at their facility.

Background

Colorado Department of Human Services (CDHS) has been made aware of varying practices between county child welfare teams issuing Red Alerts to hospitals when they receive a report or have a suspicion that a pregnant individual is using substances. County child welfare teams have also requested guidance regarding this practice. Upon review, Red Alerts are not described or authorized under Colorado rule or statute. CDHS reviewed the practice in light of existing Department rule, federal law, and the impact on children, individuals, and families.

The practice of sending Red Alerts to local hospitals generally involves a county contacting a hospital with identifying information about an individual and specific concerns the county's child welfare team may have. As part of the communication, a county child welfare team requests notification from the hospitals when the individual gives birth to further assess the newborn's safety. Where substance abuse and exposure are a concern, some county child welfare teams also request that the hospital test the individual who has given birth and/or the newborn for substances and inform the agency of the results.

Confidentiality of records held by child welfare teams in Colorado is generally governed by section 19-1-307, C.R.S. (2023), which states that "reports of child abuse or neglect and the name and address of any child, family, or informant or any other identifying information contained in such reports shall be confidential and shall not be public information." Unless disclosure is otherwise permitted by law, Colorado regulation directs counties to treat as confidential the "[n]ames and addresses of current or former clients" and "[a]gency evaluation of information about any individual," 12 CCR 2509-7 § 7.605.1.A.1, 3.

Protected health information stored in the Trails data system is also subject to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and, as a HIPAA-covered entity, the Department is responsible for ensuring that information in the Trails database is protected in compliance with HIPAA. While HIPAA authorizes the disclosure of protected health information for reporting child abuse and neglect, it only permits disclosure to proper governmental authorities, not to another covered entity such as a hospital (45 C.F.R. § 164.512(b)(1)(ii)).





Colorado statute and rule does allow for county child welfare teams to share confidential information with healthcare professionals in certain circumstances related to the administration of county child welfare programs (19-1-307 (2)(b); 12 CCR 2509-7 § 7.605.4). However, the administration of county child welfare programs can only occur when there is a child, which is defined as “any person from birth to eighteen (18) years of age” (12 CCR § 2509-1.7000.2), unless involved in the Foster Youth and Transition program. In circumstances regarding Red Alerts, the county child welfare team is not involved with the family, and there are no other children in the household.

To comply with federal and state confidentiality requirements, county child welfare teams should not provide Red Alerts to hospitals when they receive a report or have a suspicion that a pregnant individual, who is not involved with child welfare and has no child in their care or custody, is using substances. Red Alerts, including the individual's name, reproductive status, mental health, or substance use disorder, disclose individuals' HIPAA-protected health information.

If a pregnant individual using substances is currently involved with a county child welfare team through an open assessment, a voluntary case, or an open case, the county may request a hospital to contact them because the possible safety concerns for the fetus would be the same for the living child.

Attachments

N/A

Supersedes

N/A

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