

<p>DISTRICT COURT, PUEBLO COUNTY, COLORADO 501 N. Elizabeth Street Pueblo, CO 81003</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
<p>Plaintiffs: COLORADO HEALTH NETWORK INC., a nonprofit corporation, and SOUTHERN COLORADO HARM REDUCTION ASSOCIATION, a nonprofit corporation;</p> <p>v.</p> <p>Defendant: CITY OF PUEBLO</p>	
<p><i>Attorneys for Plaintiffs:</i></p> <p>Timothy Macdonald, No. 29180 Sara R. Neel, No. 36904 Anna I. Kurtz, No. 51525 Lindsey M. Floyd, No. 56870 American Civil Liberties Union Foundation of Colorado 303 E. 17th Ave., Suite 350 Denver, Colorado 80203 tmacdonald@aclu-co.org sneel@aclu-co.org akurtz@aclu-co.org lfloyd@aclu-co.org P: (720) 402-3114 F: (303) 777-1773</p> <p>Christine Ranney, No. 55398 Al Kelly, No. 55112 John Harrison, No. 57988 GIBSON, DUNN & CRUTCHER LLP 1801 California Street, Suite 4200 Denver, CO 80202-2641 cranney@gibsondunn.com akelly@gibsondunn.com jharrison2@gibsondunn.com Telephone: (303) 298-5700</p> <p><i>In cooperation with the ACLU Foundation of Colorado</i></p>	<p>Case Number:</p> <p>Division:</p> <p>Courtroom:</p>
<p>DECLARATION OF JUDITH SOLANO</p>	

I, Judith Solano, being over the age of 21, state that the following is true and correct based on my personal knowledge:

1. I am the Co-Founder and Chief Executive Officer of the Southern Colorado Harm Reduction Association (“SCHRA”).

2. I have a Master of Science in Healthcare Informatics and Management Systems and Bachelor of Science in Psychology and Nursing. As a Registered Nurse, I have worked in traditional treatment areas from the emergency department, hospice, home health, residential treatment, outpatient, and forensic psychiatry. Throughout my career, I have specialized in the areas of trauma, mental health, and substance use disorders. For additional information about my experience, see Exhibit A to this declaration, which is a true and accurate copy of my biography.

3. SCHRA is a nonprofit organization based in Pueblo, Colorado that is qualified to operate a clean syringe program pursuant to C.R.S. § 25-1-520 and a harm reduction agency according to C.R.S. §§ 12-30-110(1)(a)(3) & (b). SCHRA satisfies all of the requirements to operate an SEP pursuant to C.R.S. § 25-1-520(1)(a)-(g).

4. I founded SCHRA in 2017 in response to the overdose epidemic and provides wellness and prevention services, including a syringe exchange program (“SEP”).

5. SEPs are community-based prevention programs that allow individuals who inject substances access to and disposal of sterile syringes and access to other injection paraphernalia without a prescription.

6. One goal of SEPs is to provide a bridge to individuals who inject substances with a wider array of medical services. By cultivating a relationship with the individual, SEPs are able to refer the individual to additional social and medical support services, such as confirmatory testing, preventive treatment, and medication-assisted treatment, as well as education related to the recognition, prevention, and reversal of overdoses.

7. SEPs reduce overdose risk and ultimately save lives. New participants in SEPs are five times more likely to enter drug treatment and three times more likely to reduce and/or stop using drugs than those who don’t use the programs.

8. SEPs play an important role in preventing the transmission of infectious diseases, including HIV and Hepatitis C. SEPs are associated with an estimated 50% reduction in HIV and HCV infections.

9. SCHRA’s SEP operates once a week. SCHRA’s SEP provides participants with sterile supplies, including syringes. SCHRA’s participants are also eligible to receive bottled water, fresh fruit, snacks, feminine hygiene products, soap, toothpaste, toothbrushes, condoms, lubricant, emergency contraception medication, and COVID tests. All of these additional products are provided free of charge.

10. SCHRA provides overdose prevention, such as naloxone, five days per week in each of the three forms of the medication: a pre-filled syringe, an empty syringe with a vial of naloxone, and a nasal spray. SCHRA also provides medical waste disposal for used syringes and fentanyl and xylazine testing strips.

11. SCHRA provides safer injection and use education as well as overdose prevention education. These trainings are designed to minimize health consequences and prevent overdoses among people who inject drugs intravenously. These trainings also inform participants about their legal obligation to disclose their possession of syringes to peace officers or other first responders prior to a search in addition to safety protocols for the proper handling and disposal of injection materials.

12. Twice a month, SCHRA partners with Vivant Health to provide free testing for STI, HIV, Hepatitis C, and other blood-borne infections. If a person has a test result that indicates potential infection, SCHRA works with Vivent Health to obtain continued treatment for that individual.

13. SCHRA also sometimes runs an urgent care clinic on-site that has both a trained EMT and a virtual physician.

14. SCHRA provides SEP participants with referrals to substance use disorder treatment providers, including medication-assisted treatment options, and prevention case management. As a Registered Nurse, I am able to provide on-site medical assessments and wound care treatment when necessary. Additionally, SCHRA has a partnership with Porch Light Health (formerly Front Range Clinic). Through this partnership, a Porch Light Health representative visits SCHRA once a week to assist with referrals for medical-assisted treatment options.

15. In addition to its SEP, SCHRA provides other services for the Pueblo community. SCHRA offers Acudetox, which uses a five-point acupuncture protocol to manage withdrawal symptoms during recovery. SCHRA has four employees who are trained and certified to provide this service. Acudetox is a free service that can be utilized by SEP participants.

16. SCHRA operates the Life Empowerment and Fulfillment Program (“LEAF”) which occurs once a week in the Pueblo County Jail. Through LEAF, SCHRA instructors teach incarcerated people techniques for self-reflection and inquiry through journaling and meditation. The purpose of LEAF is to provide individuals with the emotional skills necessary to have a successful transition when released from jail. LEAF is funded through a grant provided by CDPHE.

17. SCHRA partners with the Colorado Department of Corrections and the Latino Coalition for Community Leadership to operate the Work and Gain Education and Employment Skills (“WAGEES”), which is a program for people who have recently been released from incarceration. SCHRA employs two case managers who help individuals find housing, employment, education, vocational training, and any additional needs they may have for a successful transition. SCHRA also has a WAGEES home which can house up to four men who do not have stable housing.

18. SCHRA employs Peer Support Specialists who act as case managers for individuals who need additional support. Peer Support Specialists typically have similar

backgrounds to the individuals SCHRA seeks to serve. For example, SCHRA employs Peer Support Specialists who have used SCHRA's services before or who were previously incarcerated. Peer Support Specialists are available during the SEP. Additionally, SEP participants can make appointments to work 1-on-1 with Peer Support Specialists.

19. SCHRA is an important resource to the greater community of Pueblo. When possible, SCHRA provides supportive services to community members. For example, SCHRA has provided financial assistance for rent payments and school supplies. SCHRA also provides a program called CRAFT (Community Reinforcement and Family Training) that assists family and friends of people in active use with education to learn communication strategies to support their loved one toward treatment. Through these programs, SCHRA helps to meet the financial and emotional needs of the community they serve.

20. The State of Colorado provides SCHRA with funding for their services pursuant to C.R.S. §§ 25-4-1403 to 25-4-1405 through the Colorado HIV/AIDS Prevention Program ("CHAPP"). The grant program was created "to address local community needs in the areas of medically accurate HIV and AIDS prevention and education through a competitive grant process." C.R.S. § 25-4-1403(1).

21. SCHRA's contract with CHAPP describes the purpose of the agreement as being to "address the increasing rates of HIV in Colorado; health inequities by race, ethnicity, and gender among HIV diagnoses; and limited resources available to support agencies with a service area outside of the Denver metro area" and "serve[s] to reduce the spread of Human Immunodeficiency Virus (HIV) throughout Colorado, with a focus on serving priority populations vulnerable to acquiring HIV" within jurisdictions across the State.

22. The CHAPP contract promulgates standards and require, at a minimum, that SCHRA's protocol and services must include: "safe storage, handling, and disposal of bio-waste materials; needle-stick injury prevention and management; naloxone administration plan; [and] training protocol including at a minimum: naloxone administration training, agency policies and procedures, harm reduction philosophy, safe injecting practices, syringe disposal and safety, overdose prevention, cultural inclusiveness, [and] outreach safety."

23. To meet this goal, the CHAPP contract requires that SCHRA "shall complete Syringe Access Services" and "shall distribute naloxone" to people who use drugs and "develop criteria for evaluating syringe access delivery." CHAPP also requires that "CDPHE will provide syringes at no cost to" SCHRA.

24. Pursuant to its contract, SCHRA must, and does, "deliver Syringe Access Services to 2500 [people who inject drugs]" and deliver "a minimum of 250,000 syringes to PWID [people who inject drugs], at no cost to the individual, through a SAP."

25. SCHRA receives funding directly from CDPHE to support its SEPs. Between 2020 and 2024, SCHRA received more than \$1.5 million from the CDPHE.

26. SCHRA receives its overdose prevention supplies, including naloxone, from the state's Opiate Antagonist Bulk Purchase Fund pursuant to C.R.S. § 25-20.5-1001(2). To apply for the fund, SCHRA obtained a standing order from the Chief Medical Officer of the CDPHE.

27. The services provided by SCHRA have saved lives. From January 2023 to December 2023, SCHRA served 2,856 people through its SEP. From January 2024 until its shutdown, SCHRA's SEP served 1,205 clients. Participants have reported 630 overdose reversals thanks to the program's distribution of and training on the use of naloxone.

28. In response to the passage of the Ordinance and in fear of suffering criminal charges, as of May 20, 2024, SCHRA ceased providing syringes during its regularly scheduled days of its SEP. This includes no longer providing pre-filled syringes of naloxone or sterile syringes with vials of naloxone that are provided to SCHRA through the State's Opiate Antagonist Bulk Purchasing Fund. Now, during SEP hours, SCHRA only provides nasal spray naloxone and the other products that accompany the syringe kits.

29. SCHRA is not able to fulfill its requirements to provide syringe access or naloxone to people who inject drugs pursuant to their respective contracts with CDPHE.

30. SCHRA has noticed a marked decline in individuals utilizing their other services since the ordinance went into effect and SCHRA stopped providing syringe access. We have seen a 40% reduction in client visits in the last two weeks.

31. The passage of the Ordinance is likely to have an impact beyond the City's borders. SCHRA's inability to operate its SEP will lead to an increased transmission of blood-borne diseases, such as HIV and Hepatitis C, and skin infections, including abscesses, from unsafe syringe use. These diseases are likely to spread statewide amongst individuals who use drugs but do not have access to safer use materials. This, in turn, will increase health care costs and further strain the City's already small healthcare system.

32. Further, the passage of the Ordinance endangers SCHRA's general harm reduction goals. There will be an uptick in the improper disposal of syringes which will endanger the community at large. SCHRA will have less access to individuals who need support and fewer people will enter drug treatment. SCHRA will have less access to train individuals on the prevention, recognition, and reversal of overdose, which will lead to an increase in preventable overdose deaths.

33. The next closest SEP to Pueblo that is available to the hundreds of Pueblo citizens who utilize SEP services in Pueblo each week is almost 50 miles away in Colorado Springs. We recently learned through a newspaper article, that Colorado Springs has already been considering their own prohibitions in light of Pueblo's Ordinance, putting the continuation of SEP services in the closest jurisdiction to Pueblo in jeopardy.¹ If Colorado Springs successfully passes a similar prohibition, individuals who have little to no access to transportation would be forced to find a way to travel as far as Denver to obtain the services or forgo access.

¹ https://gazette.com/health/colorado-springs-needle-exchange-program-controversy/article_03642e3e-14a4-11ef-a92a-1b9ba56bcb82.html

34. We need an injunction so that we can continue providing critical services and health care as authorized by state law.

35. I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Dated: June 3, 2024

/s/ Judith Solano

Judith Solano

EXHIBIT A



Bio of Jude Solano MS, RN, ADS

Co-Founder/CEO, Southern Colorado Harm Reduction Association.

My experiences as a Registered Nurse range from emergency medicine to hospice. My passion and specialty are in the areas of trauma, mental health and substance use disorders. I have worked in traditional treatment areas from the emergency department, hospice, home health, residential treatment, outpatient, and forensic psych. Within these systems, I started to see the gaps between treatment and recovery that were negatively impacting people trying to obtain wellness and functionality and stay in recovery. Relapse rates and the onset of the opioid epidemic began to skyrocket in the early 2000's. Patients and their families were struggling. While working on my graduate degree, I began to examine trends around the world and researched harm reduction as a movement and philosophy. The data from harm reduction methods show strong efficacy for helping people who are struggling with mental illness and substance use disorders. I co-founded SCHRA in 2017. Harm reduction is a philosophy and public health model that I have embraced and is the foundation for my organization. As a result of my harm reduction approach, SCHRA has become a highly effective public health service and system. We are an entry point to treatment and services for our clients, families and community.

I have a Master's degree in Healthcare Informatics and Management Systems, and Bachelor's degrees in Psychology and Nursing.

2021, Recipient of the Mental Health America, Pandemic Hero Award.

2020, Recipient of the Nightingale Award from the Colorado Nurses Association for Nursing in a non-traditional nursing practice.

2019, I received the Outstanding Woman Award in Pueblo, Colorado nominated by the Southern Colorado Chapter of the Hispanic Nurses Association.

My philosophy and vision for this organization is to develop a more effective way to provide access to quality healthcare, housing, food, and employment opportunities for marginalized, underserved people of all ethnicities, ages, and religions.