

## Training and Education Meeting Minutes:

**Location:** Microsoft Teams

**Date:** 03/06/2026

**Time:** 1:00 pm

**Organizers:** Johnathan Mouchet, Brenda Martinez, Dominick Zurlo, Jorge Gonzales, Carmen Batista, Dr. Robert Truckner, Cathy Augeri, Ismail Zoutat, Raymond Gallegos, Rosalie Nava, Brenda Burgard (Chair)

**Attendees:** Manuel Griego, Lisa Ginzburg, Zoe Spyralatos, Matthew, Rachel Veracka, Harvey King, Kate Hawke, James Brown, Jenn Clemente, Stephanie Moberg, Deborah Weisner, Tom Eckert, Chris Caldwell, Gregory Evans, Shaina Fawn, Anne, Metz, Patricia Stellamares, Taye Davis, Keyena McKenzie, Catherine Warnock, Eric Barlow, Jeremy Rudy, Michele Mirabedini, Janine, Meredith McBranch, Catherine Sanchez, Celina Montoya, Lori Healy, Eileen Brewer, Yasmeen, Ellen Schimmels

**Minute Taker:** Carmen Batista

*\*This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: [Psilocybin Advisory Board](#)*

## Agenda items

### 1. Welcoming Regards

- The meeting was called to order at 1:05 PM by Chair, Brenda Burgard.

### 2. Introductions

- The Chair opened the floor for anyone to share their name role and area of expertise, perspective. Each introduction was provided by the individual member.
- Harvey King-Hospice nurse interested in end of life
- James Brown- psychedelic facilitator trained and psilocybin very excited to be part of this

- Gregory Evans-Here to support committee

### **3. Reciprocity Education (recognition of prior training)**

- Review documentation- certification/transcripts or both
- What will it look like to get a license here for medical professional licensed in another state?
- People who have previous training
  - 6 to 8 hours review
- Public Comment
  - Anne Metz-License Counselor, trained in CO. Have a License Portability
  - Lisa- Clear guidelines on which institutions allowed—accredited programs—training requirements

### **4. Curriculum Specific to NM**

- Safety and Ethics
- Physical, psychological, cultural and spiritual/moral safety
- Equity and access—reducing barriers for historically marginal communities
- Cultural humanity and respect
- Honoring Indigenous knowledge and sovereignty and lineage.
- Lineage based practices and diverse spiritual traditions.
- Trauma informed care.
- Recognizing the prevalence of trauma and avoiding REHARM 5.
- Interdisciplinary collaboration distinct clinical, spiritual and cultural community roles while fostering sharing and understanding evidence, informed based practices, integrating research and data, lived experience and clinical wisdom, and pastoral and spiritual care frameworks and #7 scope of practice and clarity and clear boundaries based on licensure, ordination, ordination and certification and role.

## 5. NM History, cost, training, and education

- The Chair briefly discussed thoughts for next meeting on:
  - Outcomes, monitoring, reporting-any recommendations
  - Emergency preparedness and response prep
  - Community education
  - Call for people with expertise on these fields

## 6. Public Comment/Questions

- No additional comments

## 7. Next/ Future meeting date

- No objections recorded.
- **The Chair confirms the next committee meeting is Friday, April 10, 2026, from 1:00 pm to 3:00 pm.**

## 8. Adjournment

- The meeting was adjourned by Chair Brenda Burgard on Friday March 6, 2026, at 2:45 pm.

Minutes submitted by: Carmen Batista, Health Educator NMDOH MCPP

### **Public Comments submitted by email**

If I understood a DOH staff member correctly while sharing in the Medical Psilocybin Education committee meeting today, it sounds like you're looking at the qualifications of existing licensed health professionals in NM as it might apply to their work as psilocybin practitioners in some capacity (diagnosing, preparation, facilitation and/or integration).

Please also look at the training/qualifications of New Mexico ***Licensed Naturopathic Doctors, Licensed Midwives and Certified Professional Midwives***. All, especially licensed NDs, have comprehensive four-year post-undergraduate medical training in nationally accredited educational institutions with extensive experience in clinical assessment, pharmacology, ethics,

patient/client communication skills. NDs are a small but vital group of full scope practitioners who could well serve the needs of those seeking medical psilocybin services.

After investing tens of thousands in my training in the 1990s and 25+ years in clinical practice as well as supporting hundreds of out-of-hospital births in my work as a midwife, I do balk at a one-size-fits-all \$8000-\$12000 facilitator training course that accepts those with a minimum of a high school education as well as licensed clinicians with years of clinical experience.

Feel free to reach out if you have any questions.

Warmly,

Dr Keyena McKenzie, ND, LM, CPM

### Committee Chat

Reminder:

This meeting is being recorded

Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

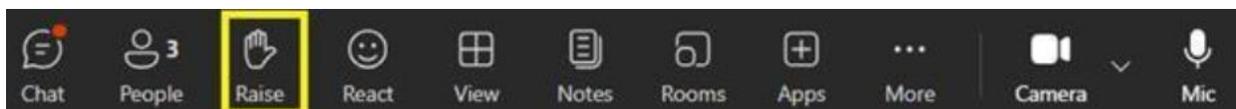
Contact information:

- Email: [Medical.Psilocybin@doh.nm.gov](mailto:Medical.Psilocybin@doh.nm.gov)
- Program Website: <https://www.nmhealth.org/about/mcpp/mpp/>
- Advisory Board Website: <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

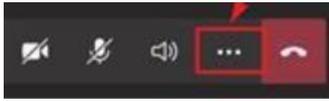
Medical Psilocybin

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Hi I'm Kate Hawke from Santa Fe. I'm a trauma therapist, Ketamine Assisted Psychotherapy facilitator and trainer, MAPS member since the 1980's, MDMA and CO Natural Medicine Facilitator trained. Happy to be participating in the NM process.

Group training where we can practice and handle various scenarios.

These are all good factors to consider, in addition to some NM specific training. I did the CO required coursework, but not the practicum or consultation hours- because I don't plan to work in CO under the costly circumstances that are required in the licensed context.

Hello, Tom Eckert, dialing in from Oregon, Founder and Executive Director of InnerTrek, a facilitator training program and service provider licensed / approved in Oregon and Colorado.

are there slides we should be seeing?

**Sanchez, Catherine, WCA**

are there slides we should be seeing?

Yes, Catherine, there are slides showing on the screen.

Can you clarify the use of the term "illegitimize" here?

**Jenn Clemente**

Can you clarify the use of the term "illegitimize" here?

I believe that is just a mistake on the slide and was meant to mean to review and understand New Mexico qualifications.

What differences will NM have (in its training and requirements) that are different from CO and/or Oregon? That will determine the need for additional training.

I think it depends on the experience of the person.

It seems like the DOH could put out a training module to address the unique parts of the NM law, but if you're licensed elsewhere to provide facilitation services, there is no need to require more training.

**Metz, Anne**

It seems like the DOH could put out a training module to address the unique parts of the NM law, but if you're licensed elsewhere to provide facilitation services, there is no need to require more training.

We have stated previously we (NMDOH) would do this with regard to the NM requirements.

I'd like to see NM have basic requirements, then see how other programs cover them. Some comprehensive programs- e.g. CIIS, MAPS- have lots of information but not practical experience. In any case, there's NM specific info that could be put in an online module for everyone.

Hi everyone, I'm founder & CEO of Sabba. We've recently launched Sabba Praxis, a roleplay simulation environment for psychedelic therapies that enables practice and clinical readiness verification. I'm here to listen and learn how we can best support the state program and training partners.

## **Part I Learning Objectives**

Participants completing Part I education should be able to:

- Describe the historical, cultural, spiritual, and contemporary use of psilocybin.
- Understand basic neurobiological and psychological mechanisms of action.
- Identify indications, contraindications, and risk factors.
- Explain ethical considerations, informed consent, and power dynamics.
- Recognize the role of set, setting, preparation, ritual, and integration.
- Understand legal and regulatory frameworks relevant to their jurisdiction and role.

## **Part I Core Educational Domains**

### **1. History and Cultural Context**

- Indigenous and ceremonial uses of psilocybin-containing mushrooms
- Spiritual, sacramental, and contemplative frameworks across cultures
- Impact of colonization, criminalization, and prohibition
- Contemporary medical, spiritual, and decriminalization movements
- Ethical issues related to cultural and spiritual appropriation

### **2. Neuroscience and Psychology**

- Pharmacology and neurobiology of psilocybin
- Effects on perception, emotion, cognition, spirituality, and sense of self

- Therapeutic and meaning-making mechanisms (e.g., neuroplasticity, insight, existential processing)

### **3. Mental Health and Spiritual Care Applications**

- Depression, anxiety, PTSD, end-of-life distress, addiction, trauma, moral injury, and existential suffering
- Current research evidence and limitations
- Interfaces between psychotherapy, spiritual counseling, cultural, and pastoral care

### **4. Safety, Screening, and Risk Mitigation**

- Psychological and medical contraindications
- Medication interactions
- Adverse events and crisis response basics
- Referral pathways between clinical, medical, and spiritual care providers

### **5. Ethics, Consent, and Power Dynamics**

- Informed consent models across clinical and non-clinical roles
- Dual relationships and boundary management
- Vulnerability during non-ordinary and spiritually significant states
- Consent for touch, preferences, within ethical boundaries

### **6. Legal and Regulatory Overview**

- Federal vs. state law considerations
- Professional licensing, ordination, and institutional accountability implications
- Documentation and reporting requirements (as applicable)

1. These categories make sense. 2. Some of us, based on previous training and experience, qualified for a 25 hour version of CO's 150 hour training that covered ethics and the CO program. This was helpful even for very experienced practitioners. 2. Whatever the initial qualifications are, I hope we can have a provision in our system for ongoing support after licensing.

In the absence of a national certifying body for the education and assessment of facilitators, rather than accepting what other states have accepted, it may be wise to screen and list specific programs the State of NM finds best serves its unique communities as well as programs that cover contemporary needs of the State. Look at what has worked well in CO and OR and what hasn't to grow and evolve from there.

Ongoing support would for me look like: opportunities to practice sitting, role play simulation and group support to discuss various scenarios that come up.

Perhaps, just like a teaching license, practitioners are required to complete x-number of CEUs to stay current and relevant.

We're starting with reciprocity. That's the wrong starting point.

Before we talk about reciprocity, transfer, or amended training - we need to define what New Mexico's program actually requires. That baseline doesn't exist yet. You can't evaluate what transfers until you know what you're transferring into.

New Mexico is doing something different. Oregon and Colorado are not our model. The structure we build here needs to reflect that.

I think we need role-specific requirements before anything else. Each role has a distinct scope and a distinct risk profile:

- **Referring Clinicians** - screening competency, contraindication knowledge, informed consent. High stakes on patient selection.
- **Administering Clinicians** - the core practitioner role. Heaviest training requirement. Session management, safety response, pharmacology.
- **Integration Therapists** - pre and post. Preparation and integration frameworks. Existing licensure probably carries the most transfer value here.
- **Support personnel** - do we have sitters? Monitors? If yes, what's the minimum competency floor? This needs a decision, not an assumption.

On the credential question: I don't think formal education equates to capacity. I'm also not suggesting we disregard educational institutions. The real question is whether the credential maps to the competency we're actually requiring. Define the competency domains first. Then ask what pathways demonstrate them - formal education, supervised hours, demonstrated practice, lived experience. Don't use a degree as a proxy for readiness.

Once NM requirements are defined, reciprocity becomes a tractable question. Does the applicant's prior training meet our standards? What carries over? What needs a bridge? Until we answer those, reciprocity discussions are circular.

One thing that we will be doing different from the other state is Practicum. This will provide a level of training that doesn't exist in CO and otherwise. I believe in other states, they are too heavy on lecture and we can require less but also require practicum which give MUCH more overall training than just lectures.

Also the core educational domains would cover: integration

I'm glad there was mention of dosage related to age. I don't recall factors of working with older patients being emphasized in any of my previous trainings-- except for End of Life Care. Working with an older population is a significant specialty and something that everyone should have some awareness of.

**Here is a list of the upcoming Committee Meeting Dates, Times, and Links** (click on the name of the committee to register):

- [Equity, Access, and Cultural Considerations](#) – Wednesday March 11th from 1:00-2:15pm; DezBaa', Chair.
- [Propagation Committee](#) - Wednesday March 11th from 3:00-5:00pm; Chris Peskuski, Chair. @ West Mesa Community Center 5500 Glenrio Rd NW, Albuquerque, NM 87105
- [Dosage, Administration & Clinical Practice](#) – Monday March 16th from 9:00-11:00 am Ian Dunn, Chair.
- [Patient Qualification & Safety](#) – Tuesday March 17th from 9-11am; Ian Dunn, Chair.
- [Propagation Committee](#) - Wednesday March 18th from 3:00-5:00pm; Chris Peskuski, Chair. @ Garrey Carruthers Building (Yucca Room), 1209 Camino Carlos Rey, Santa Fe, NM 87507
- [End of Life Care](#) – Friday March 20th from 1:00-3:00pm; Larry Leeman, Chair.
- [End of Life Care](#) – Friday April 3rd from 1:00-3:00pm; Larry Leeman, Chair.

Thank you for your time and contribution to the health and well-being of all New Mexicans.

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### **Reciprocity and Recognition of Prior Training**

This framework supports reciprocity pathways for clinicians, medical providers, and spiritual care professionals with prior psychedelic-related education or training completed in other jurisdictions.

## **Documentation for Reciprocity Review (Umbrella of proof)**

- Certificates of completion or transcripts
- Training syllabi or curriculum outlines
- Documentation of supervised practice or pastoral training (if applicable)
- Professional license, ordination, or endorsement verification
- Attestation of adherence to ethical and safety standards

Reciprocity does not supersede New Mexico licensure requirements, statutory authority, or scope-of-practice limitations.

Yes! Great point, James!

There is no specific number of didactic hours needed. We need to look at competency not number of hours.

It's in students' best interest to have standardization - it may also allow them to also work with FDA approved psychedelics if we align with other states.

I don't know that we will ever do that because we are all seeing the issues with the requirements in other states, and we are learning from those, so we are still in the wild wild west of figuring this out.

Once we know the role-specific competencies required for New Mexico, Sabba Praxis can offer an alternative option for practicums and competency assessment that wasn't available when Oregon and Colorado programs were stood up. While I think it's wise to have a reciprocity option for past training, we can directly verify proficiency through our AI-powered simulation environment.

### **Metz, Anne**

It's in students' best interest to have standardization - it may also allow them to also work with FDA approved psychedelics if we align with other states.

But we don't know what that might look like right now. It's one of the things that was a challenge in discussing with the Lykos application. Future applications may not even tie the substance to P-AT

We need to ensure that there is continuation education for facilitators for each licensee renewal process. We need to ensure the program allows for access to New Mexicans across the whole state for those who want to be trained. Our program needs to allow for virtual training programs and then for an in-person practicum.

This is not reinventing the wheel. Competency based education is the model that is used for safe practice across the country.

I'd be happy to help with that.

I haven't seen that either. Thank you for saying this.

thank you Dominik. your wisdom and vision is why we are all here.

I love the goal of effectively evaluating competencies, which if done well can also assist in securing insurance coverage.

**Jeremy Rudy**

I love the goal of effectively evaluating competencies, which if done well can also assist in securing insurance coverage.

exactly - and that aspect (insurance coverage) is one of the goals.

**Evans, Gregory, DPS**

thank you Dominik. your wisdom and vision is why we are all here.

Thank you Greg

Idea on NM specific modules for the core training and for the reciprocity training

- ICD 10 codes and billing of insurance specific to the program
- safety to include personal bias
- NM treatment conditions
- NM specific practicum settings

Where do we find the document?

Definitely want to read the document carefully when it's posted.

- [Education and Training Psilocybin Committee Working Document](#)

<https://www.nmhealth.org/about/mcpp/mpp/mpab/mr/>

Medical Psilocybin Advisory Board Meeting Records

How to submit written public comments:

- Please send written public comment to the program email at: [medical.psilocybin@doh.nm.gov](mailto:medical.psilocybin@doh.nm.gov) and include the committee's name in the subject line.
- If referencing documents from other sources/websites:
  - Do not include the document, only a working - accessible hyperlink;
  - Documents must be sent with context provided (i.e. do not simply send a research article);
- The comment must relate to the topics discussed in the meeting.
- Documents are limited to no more than 3 pages (letter size) in length and must be in 10-point font or larger.
- Please remember to include your full, legal name and any organizational affiliations you may be representing (if any) on the documents.
- To be included, please send your comment by 5:00 PM the business day after the meeting.

Thank you, all! 😊

We'll be working on something in parallel ahead of the next meeting. If anybody here is curious to engage or contribute, feel free to reach out Jeremy @ sabba.com