

Medical Psilocybin – Training & Education Committee Minutes and Chat

Medical Psilocybin Advisory Board

Meeting Date: April 10, 2026 (recorded) · **Format:** Virtual

Time: 1:00

Chair: Brenda Burgard

Facilitator/DOH Updates: Dr. Dominick Zurlo, Director, Center for Medical Cannabis & Psilocybin

Presenter: Catherine Warnock, LPCC (Director of Education, Psychedelic Assisted Therapy Association – PATA)

1) Welcome, Recording & Agenda

- **Meeting was recorded.** Participants were reminded to use appropriate language; contact info and reminders were shared in chat.
- **Chair's opening:** Brenda welcomed attendees; noted the session would prioritize the featured presentation, with Q&A time afterward.
- **Agenda overview:**
 - Core NM competencies and reciprocity for licensed/trained/certified practitioners (including Indigenous healers, supervisors, and cofacilitators) to practice in NM after meeting standards and completing NM program.
 - Training & certification structure: teaching/supervision competencies; optional practicum refresher (approx. 10 hours); flexible modules; optional supervisor pathway (advanced competencies, hours TBD); program hours for brand new practitioners TBD.
 - Framework diagram (described): DOH standards → legacy training/education → licensing & certification → medical training/education → core competencies & reciprocity.
 - Core competency framework purpose: minimum competencies for safe, ethical, effective practice in a regulated medical psilocybin program; supports facilitator licensing (NM residency), clinical service delivery, program accreditation; consideration of established training programs (e.g., CIS, Naropa, MAPS, Fluence, IPI, Intert.RC, Synaptic Institute, etc.); tribal consultation required for related pathways.
 - Public safety & ethical integrity emphasized; integration with NM behavioral health systems.

2) Core Competency & Reciprocity – Highlights

Reciprocity Track (NM specific, ~10+ hours):

For out of state trained professionals who are NM residents. Focus on:

- **State regulatory compliance;** cultural humility in NM communities; legacy & reciprocity; integration; ethics & scope alignment; safety & risk.
- **Eligible applicants:**
 - Licensed mental health professionals (LPCC, LCSW, LMFT, etc.)
 - Medical providers (MD, DO, PA, APRN, etc.)
 - Certified psychedelic facilitators trained in other states (e.g., OR/CO) who are NM residents
 - Pastoral/spiritual care providers; Indigenous/traditional practitioners with pathway recognition & flexibility
 - *Note:* End of life practitioners should also be included (added during meeting)

Teaching/Supervision Standards:

- Demonstrated experience in clinical supervision, adult education, training delivery; competency assessment for DOH approval; documentation of psychedelic training/hours; curriculum development; teaching experience; cultural/Indigenous collaboration; engagement with DOH advisory process.
- Program approval: Instructors are tied to program approval (not just individual credentials).
- Credentials: recognized professional or traditional credential; formal psychedelic training & practicum; facilitation experience; supervision skills; trauma informed ethics; cultural/Indigenous awareness; affiliation with DOH approved program.

3) Proposed Training Modules (Draft; hours are illustrative and subject to change)

- **Module 1 – NM Legal & Regulatory Alignment (≈2 hours):** DOH psilocybin rules; scope of practice distinctions; documentation & compliance; mandatory reporting. Competency: aligns practice with NM legal requirements & scope.
- **Module 2 – Legacy, Lineage & Reciprocity (NM focused ≈3 hours):** Historical lineage (e.g., Maria Sabina, R. Gordon Wasson), colonization & prohibition, War on Drugs; **reciprocity plan** (community reinvestment, access & equity, ethical

representation). Competency: cultural grounding; non extractive practice; accountability.

- **Module 3 – Cultural Humility in NM Communities (≈2 hours):** Working with tribal/Pueblo communities; Hispano/Chicano populations; rural/underserved; language, trust, access barriers. Competency: adapts care to local context; practices humility.
 - **Workforce pathways:** equity & inclusion for Native practitioners; alternative/parallel certification codeveloped with tribal governments; recognition of lived experience/traditional knowledge (option); flexible training structures; participation is voluntary.
- **Module 4 – Ethics, Boundaries & Scope Alignment (≈2+ hours; likely more):** NM specific ethical expectations; scope clarity (clinical vs. facilitator vs. spiritual roles); power dynamics & client safety. Competency: maintains boundaries; avoids role confusion/scope drift.
- **Module 5 – Safety & Risk Alignment (Bridging; ≈1+ hours):** NM safety expectations; risk response protocols; NM referral networks. Competency: aligns prior training with NM safety standards.
- **Module 6 – Practicum / Weekend Refresher (Optional; ≈6–8 hours):** Supervised practicum to refresh skills and support return to practice.

Supervisor Track (Advanced Reciprocity; +≈6 hours):

- **Module A (≈2):** Clinical & ethical supervision; supervision models; competency/readiness evaluation; managing ethical violations.
- **Module B (≈2):** Advanced legacy & power dynamics; preventing exploitation/misconduct; accountability structures.
- **Module C (≈2):** Evaluation & gatekeeping; assessment tools; documentation; reporting; remediation.
Supervisor Competency: Assesses facilitator readiness; applies ethical oversight/accountability; integrates legacy/reciprocity in supervision aligned with DOH.

4) Featured Presentation – Catherine Warnock, LPCC

Topic: Building a safe, ethical, culturally aware psilocybin facilitator training in NM

Presenter background:

- Licensed Professional Clinical Counselor (NM, CO, TX); private practice in Las Cruces (Mariposa Counseling Center).
- Director of Education, Psychedelic Assisted Therapy Association (PATA).
- Offers harm reduction oriented trainings in NM (≈4 years), emphasizing community, safety, supervision, and clinical model (nonceremonial).
- Focus: ethical/safe practice, supervision access, client preparation & integration frameworks.

Core pillars of facilitator training:

- 1) **Knowledge** (science, psychology of altered states; pharmacology)
- 2) **Clinical skills** (screening, preparation, non-directive facilitation, integration)
- 3) **Ethics** (boundaries, safety, responsibility)
- 4) **Experiential** (relationship with medicine; supervised practicum)

Therapeutic vs. Administrative Preparation & Integration (PATA model):

- **Administrative prep/integration:** logistics, safety planning, informed consent, documentation, medical review/assessment, scheduling, policies/procedures, environment setup, outcome tracking.
- **Therapeutic prep/integration:** rapport, trust, intentions, history/themes/goals, psychological readiness; post session processing, translating insights to behavior change, continued support.
- **Note:** Oregon's program separates administrative from therapy; NM (medical model) likely includes therapeutic elements. Clarify definitions in NM regs and training.

Risk awareness & screening:

- Psychological stability; physical health exclusions; medication interactions (antidepressants, antipsychotics, benzos, opiates; semaglutides noted as dampening the experience).
- Medical consults as appropriate (e.g., severe cardiovascular disease, diabetes).
- Prepare participants for challenging experiences; ensure safe matrix (home/support context) post session.

Facilitation model (clinical, non-directive):

- Encourage curiosity; accept emotions; calm, attentive presence; avoid interpretation/advice; support client autonomy in meaning making.
- Intention setting: central to preparation and integration; improves therapeutic outcomes; used to reorient during loops; helps assess outcomes in integration.
- Environment & care: facilitators manage practical needs (music, water, restroom support); participants often find being cared for itself deeply therapeutic and instructive.

Integration:

- Essentially counselling: process insights, apply to life, reinforce self-awareness; can unfold over weeks/months (sometimes longer).
- Suggested ongoing integration access (e.g., low/no cost group sessions; insurance coverage explored).

Practicum options (to build competence quickly & safely):

- **Option 1 – Dose & Guide (2 days, possibly split):** One day dosing (others guide); one day guiding (others dose). Supervised observation of multiple sessions, plus post training integration.
- **Option 2 – Immersive practicum (multi-day/week-long):**
 - Pre-assigned clients prepared in advance (often online).
 - Facilitators guide 2 primary clients (with backup), while observing/guiding across a cohort (e.g., 10–16 journeys across 4 days).
 - Low/no cost treatment for clients participating; final day(s) focused on integration and structured feedback.

Implementation ideas:

- Access pathways for individuals without clinical/medical licenses to participate in administrative prep/experience/integration (with licensed clinicians handling therapeutic components).
- Tribal/Pueblo/Nation inclusion: Consider allocating facilitator slots proportionally to population, assigned by elders; ongoing CE/ethics required.
- Grandfathering for prior training/certifications; NM specific jurisprudence required.

- Strong emphasis on ethics, scope of practice, harm reduction, safety screening, and ongoing integration.

5) Q&A / Discussion – Key Points & Clarifications

Frequency of journeys (clinical concerns):

- Comment: Not more than every 3–6 months recommended in some practices to allow sufficient integration; caution against chasing experiences (risk of escapism/psychosis).
- Emphasis: provider education and client counselling about pacing and readiness.

Reciprocity & training hours (Colorado vs. Oregon):

- DOH intent: provide time limited reciprocity for practitioners trained in approved programs (e.g., CO/OR), contingent on NM specific modules to close gaps.
- Over time: shift to NM approved programs; grandfather qualified practitioners already practicing.
- Competency evaluation methods and hour requirements for new NM programs are still in development.
- Note: Different licensures have different requirements; reciprocity aims to reduce unnecessary burden while maintaining quality and safety.
- Residency: NM residency required for licensing/participation.

Roles for non-licensed practitioners:

- Medical model prioritizes licensed mental health/medical providers at rollout.
- Co-facilitator/non-clinical pathways are under discussion (no decision yet).

Spiritual dimensions:

- Request to explicitly include spiritual competence (e.g., spiritual intelligence/emergence/emergency) across the care team.
- Acknowledged: spirituality is often inseparable from the experience; training should cover respectful, client centered engagement with spiritual content.
- DOH documents include pastors/spiritual healers among care roles.

Chronic pain & microdosing considerations:

- Concern: burdensome prep/integration requirements may hinder access for chronic pain protocols (e.g., frequent low/medium doses, microdosing, titration).
- Note: End of life care often includes pain management; requirements should balance safety with access.
- Committee acknowledged need to revisit frequency and protocol flexibility as program expands beyond initial conditions (PTSD, depression, SUD, end of life).
- Clarification: Program focuses on medical dosages for facilitated sessions; microdosing is not part of the initial medical model.

Experiential training legality (pre-program):

- Psilocybin remains Schedule I; NM law, as written, appears to allow administration only to patients with qualifying diagnoses once program is active.
- DOH legal review ongoing; experiential practicums for trainees may not be permissible initially.
- DOH does not police illicit activity; such matters fall to **law enforcement** and/or licensing boards.
- Past criminal history may affect future licensure (to be addressed in regulations).

Liability insurance:

- Clinicians have malpractice coverage; psilocybin specific coverage details are not yet established.
- Harmful or illegal practice may jeopardize licensure/coverage; guidance to be developed.

Curriculum enhancements suggested by attendees:

- Add personal bias awareness/mitigation for facilitators.
- Expand ethics hours (some clinicians require ≥ 12 CE hours in ethics over two years).
- Ensure NM specific jurisprudence and referral networks are robust.

Timeline to apply (program approval):

- **Tentative:** late summer/early fall 2026 for opening applications, after regulations are promulgated. (Final timeline TBD.)

6) Decisions Taken

- No formal votes or final decisions were recorded in this session.
- Broad directional agreements:
 - Reciprocity pathway with NM specific modules.
 - Emphasis on public safety, ethics, cultural humility, and structured supervision/practicum.
 - Continued work on competencies, curriculum definitions (admin vs. therapeutic prep/integration), and program accreditation.

9) Adjournment & Next Meeting

- The Chair thanked participants for engagement and thoughtful questions.
- Next meeting: TBD; may feature another presenter (to be confirmed).
- Meeting adjourned on time.

Public Comment Submitted by Email

Dear DOH,

Thank you for the presentation and the rich discussion today.

I want to address a point raised at the end of the meeting regarding the legality of psilocybin use in training.

If we cannot train facilitators on our own land, we are effectively directing economic opportunity and growth to other states.

I strongly encourage the Department of Health to consider a legal pathway allowing trainees to engage with psilocybin as part of their training in a safe, regulated, and ethical manner.

Doing so would not only strengthen the quality and integrity of facilitator training, but also support the development and sustainability of this emerging field within our own state.

This is an opportunity to invest in our community—clinically, economically, and culturally—and to position New Mexico as a leader in responsible, trauma-informed psychedelic care.

Appreciate your consideration,

Lida Fatemi, DO MPH
Associate Professor, UNM School of Medicine
Founder, Conscious Physicians Psychedelics Academy
Heal the clinicians. Heal the community.

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

Program Website: <https://www.nmhealth.org/about/mcpp/mpp/>

Advisory Board Website: <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

Link directly to the statute:

<https://nmonesource.com/nmos/nmsa/en/item/4355/index.do#a2D>

Link Dosage, Administration & Clinical Prac... by Zurlo, Dominick, DOH

Zurlo, Dominick, DOH

1:09 PM

Dosage, Administration & Clinical Practice – Monday April 13th from 9:00-11:00 AM Ian Dunn, Chair.

Propagation – Wednesday April 15th from 3:00-5:00 PM Chris Peskuski, Chair

Patient Qualification & Safety – Monday April 20th from 9-10 AM; Ian Dunn, Chair.

End of Life Care – Thursday April 23rd from 1:00-4:00 PM; Larry Leeman, Chair.

Hybrid (online/in-person) @ The BioScience Center 5901 Indian School Rd NE, Albuquerque, NM 87110

Equity, Access, and Cultural Considerations – Tuesday April 28th from 3:00-5:00 PM; DezBaa', Chair.

Hybrid (online/in-person) @ at the Garrey Carruthers State Library - Yucca Room (1209 Camino Carlos Rey, Santa Fe, NM 87507)

Research and Continuous Improvement – Friday May 8th from 9:00-11:00 AM; Dan Jennings, Chair.

Training and Education – Friday May 8th from 1:00-3:00 PM; Brenda Burgard, Chair.

Medical Psilocybin Advisory Board – Friday, May 15th from 9:00-11:00am.

Microsoft Virtual Events Powered by Teams

Microsoft Virtual Events Powered by Teams

events.gcc.teams.microsoft.com

folks are still in lobby by Evans, Gregory, DPS

Evans, Gregory, DPS

1:09 PM

folks are still in lobby

Begin quote, Evans, Gregory, DPS, 4/10/2026... by Zurlo, Dominick, DOH

Zurlo, Dominick, DOH

1:10 PM

Evans, Gregory, DPS

4/10/2026 1:09 PM

folks are still in lobby

Good afternoon Greg, We are letting people into the meeting as they join. Sometimes it takes a minute or two for them to fully connect.

1 Like reaction.

I noticed the Vital Program isn't listed. ... by Jenn Clemente

Jenn Clemente

1:11 PM

I noticed the Vital Program isn't listed.

May I add the Conscious Physicians Psychede... by Dr Lida Fatemi

Dr Lida Fatemi

1:12 PM

May I add the Conscious Physicians Psychedelics Academy to the list? the only local certification program with local NM indiginous teachers

1 Heart reaction.

Hopefully we can consider Embody Lab and At... by Aleutia Krikorian RN

Aleutia Krikorian RN

1:12 PM

Hopefully we can consider Embody Lab and Atira Tan's highly esteemed certification trainings.

What she listed are the training locations ... by Jason Burdge PATA (He/Him)

Jason Burdge PATA (He/Him)

1:16 PM

What she listed are the training locations providing licensure for state facilitator programs. The others train around PAT but aren't about the Facilitators license.

2 Like reactions.

2

Can you further define residency? Is there ... by Maya Albert | Synthesis Institute

Maya Albert | Synthesis Institute

1:17 PM

Can you further define residency? Is there an amount of time required?

Can we get "Being True to You" added as a a... by shane mcdaniel

shane mcdaniel

1:18 PM

Can we get "Being True to You" added as a approved provider for Sitter and Coach Training?

Please remember everyone - once the require... by Zurlo, Dominick, DOH

Zurlo, Dominick, DOH

1:21 PM

Please remember everyone - once the requirements for training are determined and promulgated, there will be a process for educational programs to apply and potentially

be approved by the Department of Health. Any notes of a specific provider here are simply for illustration purposes. No educational program has been approved.

1 Heart reaction.

1 Like reaction.

Could referrals come from Clinical Social W... by Hána Rose - BSW Student & Curandera

Hána Rose - BSW Student & Curandera

1:23 PM

Could referrals come from Clinical Social Workers? Bio-Pyscho-Social-Spiritual Assessments are in their scope of practice and a specialty as well.

What is a timeline for various educational ... by Aleutia Krikorian RN

Aleutia Krikorian RN

1:23 PM

What is a timeline for various educational programs to begin applying for approval by NM DOH? Is this known yet? and/or is this application process already available to be submitted for review?

1 Like reaction.

Core Competency Framework for Medical Psilo... by Zurlo, Dominick, DOH

Zurlo, Dominick, DOH

1:25 PM

Core Competency Framework for Medical Psilocybin Training & Education (New Mexico)

Purpose

This framework establishes the minimum competencies required for safe, ethical, and effective practice in a regulated medical psilocybin program in New Mexico. It is designed to support:

- **Facilitator licensing – Must be resident of New Mexico**
- **Clinical service delivery**
- **Training program accreditation – Possible consideration (CIIS, Naropa, M.A.P.S., Fluence Training, IPI, Inner Trek, Synaptic Ins., PRATI, União do Vegetal, Santo Daime – (Tribal consultation required) Thera Psil Imperial College, London Center for Psychedelic Research, Synthesis Ins. BA Brazil)**
- **Public safety and ethical integrity**
- **Integration with behavioral health systems in New Mexico**

New Mexico Psilocybin Reciprocity Competency Track

For Out-of-State Certified & Licensed Professionals (residence of New Mexico)

Purpose

This track provides a streamlined pathway (10+ hours) for professionals already trained in psychedelic facilitation or related fields to meet New Mexico-specific requirements, including:

State regulatory compliance

Cultural humility in NM communities

Legacy, lineage, and reciprocity integration

Ethical and scope-of-practice alignment

Safety & Risk Alignment

Eligible Applicants

Licensed mental health professionals (LPCC, LCSW, LMFT, etc.)

Medical providers (MD, DO, NP, PA, RN, etc.)

Certified psychedelic facilitators who have trained from other states (e.g., Oregon, Colorado) and are residence of New Mexico

Pastoral/spiritual care providers

Indigenous/Traditional practitioners (with pathway recognition and flexibility)

Teaching or supervision competency-To be a teacher (not just a facilitator), expect:

Experience in:

Clinical supervision

Adult education

Training delivery

Ability to assess competencies (for DOH approval)

Documenting psychedelic-related training + hours

Building curriculum + teaching experience

Demonstrating cultural/Indigenous collaboration

Engaging with the DOH advisory process

A DOH-approved training program

With a curriculum aligned to:

State competencies

Safety protocols

Supervised practicum model

Programs must have approved curriculum

Instructors are tied to program approval, not just individual credential

✓ A recognized professional or traditional credential

✓ Formal psychedelic training + practicum

✓ Real facilitation experience

✓ Teaching/supervision skills

✓ Trauma-informed + ethical competency

✓ Cultural/Indigenous awareness

✓ Affiliation with a DOH-approved program

DRAFT