Below is a DOH-style section you could insert into a New Mexico Medical Psilocybin education proposal or implementation plan. It is written around the constraints of a limited public-health budget while emphasizing geographic access, workforce diversity, and equity.

Examples of Medical Psilocybin Training and Education Delivery Models Within New Mexico Department of Health Budget Constraints and Equity Goals

The New Mexico Medical Psilocybin Program should utilize a hybrid, scalable, and equitable training model that maximizes statewide access while remaining financially sustainable within Department of Health (DOH) appropriations. Training delivery should prioritize existing infrastructure, partnerships, and workforce development resources rather than creating entirely new systems.

Example 1: Community-Based Hub-and-Spoke Model

How training occurs:

The Department of Health contracts with regional training hubs that provide in-person learning and supervision while serving surrounding rural communities.

Potential regional hubs may include:

- Albuquerque metropolitan area
- Santa Fe/Española region
- Las Cruces/Southern New Mexico
- Farmington/Four Corners region
- Eastern New Mexico (Roswell/Clovis area)

Regional hubs would provide:

- Foundational instruction
- Skills workshops
- Practicum activities
- Cultural competency training
- Supervised experiential exercises
- Community engagement opportunities

Budget efficiency:

- Uses existing community colleges, universities, hospitals, behavioral health centers, and nonprofit facilities
- Avoids constructing new facilities
- Reduces travel costs for trainees
- Allows one faculty group to support multiple communities

Equity impact:

- Reduces geographic barriers for rural residents
- Increases access for frontier communities
- Supports Native, Hispanic, and underserved populations
- Encourages local workforce development

Example 2: Hybrid Online + Local Practicum Model

How training occurs:

Didactic content would be delivered through asynchronous online learning with live virtual instruction.

Examples:

Online modules:

- Ethics
- Medical psilocybin law and regulation
- Safety protocols
- Trauma-informed care
- Cultural humility
- Indigenous considerations
- Integration practices
- Screening and contraindications

Local in-person components:

- Skills demonstrations
- Role-play exercises
- Practicum supervision
- Community mentorship

Budget efficiency:

- One curriculum can train multiple cohorts statewide
- Reduces faculty repetition
- Reduces travel and lodging expenditures
- Creates reusable educational resources

Equity impact:

- Allows participation by working adults
- Supports caregivers and people with disabilities
- Accommodates trainees in remote communities
- Increases flexibility for low-income learners

Example 3: Community Partnership and Reciprocity Training Pathway

How training occurs:

DOH establishes partnerships with:

- Tribal organizations
- Community health organizations
- Behavioral health agencies
- peer support programs
- nonprofit educational entities
- existing psychedelic training organizations

Individuals with prior experience, rather than repeating full foundational training. (e.g., guides, traditional healers, death doulas, peer support workers, out-of-state trained facilitators) complete:

- Core competency assessment
- Deficiency training modules
- Supervised practicum hours

Budget efficiency:

- Avoids duplication of training
- Reduces instructional hours needed
- Uses existing workforce expertise

Equity impact:

- Recognizes community-based knowledge
- Reduces financial barriers
- Supports nontraditional pathways
- Increases workforce diversity

Example 4: Workforce Scholarship and Sliding Scale Model

How training occurs:

DOH allocates a portion of training funds toward workforce scholarships.

Priority populations may include:

- Rural behavioral health providers
- Community health workers
- Peer support specialists
- Indigenous community members
- bilingual providers
- low-income trainees
- underserved geographic regions

Potential funding structure:

- Full scholarship: 0–200% federal poverty level
- Partial scholarship: 200–400% federal poverty level
- Employer-supported cost sharing
- Grant-funded workforce stipends

Budget efficiency:

- Targets limited resources toward areas of highest workforce need
- Uses matching contributions from employers and grants

Equity impact:

- Reduces financial barriers
- Diversifies workforce representation
- Addresses provider shortages

Example 5: Train-the-Trainer Model for Long-Term Sustainability

How training occurs:

DOH initially funds a small cohort of New Mexico instructors to complete advanced educator preparation.

Certified trainers would then provide:

- Local instruction
- Practicum supervision
- mentorship
- continuing education

Budget efficiency:

- Reduces long-term reliance on external consultants
- Builds in-state expertise
- Creates sustainable educational infrastructure

Equity impact:

- Builds local capacity
- Supports culturally responsive education
- Encourages representation from diverse communities

Equity Principles Across All Training Models

All education and training activities should incorporate:

1. Geographic equity
    - Rural and frontier access
    - Telehealth-supported learning
2. Financial equity
    - Scholarships and sliding scales
    - Reduced travel burden
3. Cultural equity
    - Inclusion of Indigenous perspectives
    - Multilingual materials
    - Community-informed curriculum development
4. Workforce equity
    - Multiple entry pathways
    - Recognition of prior experience
    - Reciprocity structures
5. Disability and accessibility equity
    - Closed captioning
    - ADA accommodations
    - Flexible learning options

Proposed implementation statement:

"The New Mexico Medical Psilocybin Program should establish an equitable, hybrid education and workforce development system utilizing regional partnerships, online delivery, reciprocity pathways, and targeted financial supports. This approach maximizes access while maintaining fiscal responsibility and ensuring that training opportunities reach historically underserved communities throughout New Mexico."

This language aligns with the type of justification often used in DOH budget narratives and legislative implementation proposals.