Meeting Title: Dosage, Administration and Clinical Practice Committee Meeting

Date: May 27, 2026

Time: 9:00AM—11:00AM

Location / Platform: Online Teams

Facilitator / Chair: Ian Dunn

Note Taker: Leslie Peterson, DOH Medical Psilocybin Program

Important Reminder:
This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website @ https://www.nmhealth.org/about/mcpp/Medical Psilocybin Program/mpab/

Attendees:

Dosage, Administration and Clinical Practice Chair: Ian Dunn

Department of Health Staff:

- Dominick Zurlo
- Robert Truckner, MD
- Jonathan Mouchet
- Jorge Gonzales
- Cyrus Rautman
- Leslie Peterson
- Raymond Gallegos
- Adrian Estrada

Participants and Public Attendees:

- Kate Hawke
- James Brown
- Skye Rivers
- Keyena McKenzie
- Don Moser
- Eileen Brewer
- Catherine Warnock
- Jessica Eden
- Deb Thorne
- Hana Rose
- Chris Peskuski
- Jason Brooks

Hanifa Nayo Washington
Dr. Lida Fatemi
Gregory Evans
Lisa Ginzburg
Brooke Kaemingk

Call to Order

- At 9:02AM the meeting was called to order by Dominick Zurlo.
- Dominick opened the meeting and reminded attendees of proper public meeting etiquette and the public meeting being recorded and publicly posted.
- Introductions: Participants introduced themselves and shared affiliations and geographic locations.

Approval of Prior Minutes

- Approved as submitted

Agenda Items and Discussion Summary

A) Preparation Sessions document reviewed and read by Ian Dunn (see below as submitted via the Teams Chat)
B) Ian Dunn: The Preparation Sessions focus on the psychological preparation versus the administrative preparation. The psychological preparation is where the psychedelic clinician/therapist would be involved in the psychological preparation process and establish the clinical foundation for treatment. It allows the psychedelic therapist to determine medical appropriateness and approve or defer participation based on safety. Therefore, if the patient is not appropriate for psilocybin therapy at this time, they should be referred out to someone who can help treat their ailment to make them appropriate for PAT, not necessarily just given a rejection letter and sent on their way.
C) For medical history, the therapist should conduct A biopsychosocial assessment and review medical, including medication interactions and contraindications. To establish a psychological framework, we orient them to set the patient's physical, emotional, and psychological readiness and help them navigate those set factors and potential psychological challenges. During this preparation, we would also do clinical safety planning. The therapist evaluates the risks for adverse responses, creates the formal safety plan and the therapist should also perform an assessment of the patient support system. And we're just saying that the therapist should be taking those factors into consideration and creating a formal safety plan before the patient is actually the administered psilocybin.
D) The board will provide risk stratification methods to address medication interactions and contraindication specifically.
E) What are patients going to experience once they leave that approved facility and are they going to be able to manage on their own once they're outside of the medical psilocybin

systems care. We want to make sure we're not sending anyone into a dangerous or potentially harmful situation.

F) The facilitator conducts administrative preparation in coordination with the psychedelic therapist/clinician. This committee will continue to make clear the differences between the psychedelic therapist/clinician and the facilitator. Because preparation can often be mixed into administrative and psychological processes, by separating them out, we allow the licensed healthcare provider to provide the psychological experience. Whereas a lot of the administrative tasks we can defer to our facilitators.

G) The facilitator is responsible for obtaining and documenting informed consent during the session. The preparation session is the primary opportunity for the patient and facilitator to ensure the rapport and connection is a good fit for the patient's goals. The facilitator is responsible for knowing how to escalate medical or psychological concerns to the psychedelic therapist/clinician or emergency services that should be part of the orientation within the preparation session.

H) The total duration patients have to complete will be at least two preparation sessions totaling no less than three hours prior to administration, at least one to be dedicated to psychological preparation and at least another to administrative preparation. Then, where feasible, at least one hour of total preparation time shall be conducted in person.

Action Items

- Finalizing the time frames within and around the different processes of the preparation sessions.
- Review and discuss further to include a Transportation Plan to have in place as considered and completed during the preparation session.
- Review and discuss further the inclusion of a subset in consideration of group care.
- The Preparation Sessions document will be further reviewed and considered for best practices and guidance materials.

Announcements / Updates

- Public Comment Process
    - Written public comments may be submitted to: medical.psilocybin@doh.nm.gov
    - Include the committee's name in the subject line.
    - Include working hyperlinks when referencing outside documents rather than attachments.
    - Be limited to three pages in length.
    - Include the submitter's full legal name and any organizational affiliation.
    - Submitted by 5:00 PM the day following the meeting.

Next Meeting

- June 15, 2026 @ 09:00AM-10:00AM

Adjournment

- Meeting adjourned at 9:41AM

Public Comments Submitted via Teams Meeting Chat and Email

- Kate Hawke, Santa Fe Trauma Therapist and Trainer
- James Brown, Pharm D, morning
- Skye Rivers, SFR sitting in
- Keyena McKenzie, naturopathic doctor, retired midwife
- Don Moser, Las Vegas
- Catherine Warnock, licensed counselor in Las Cruces
- Eileen Brewer, wasn't there discussion around reducing preparation time for people who need multiple dosing sessions?
- Gregory Evans, Chris. Your connection is spotty
- Dr Lida Fatemi, Thank you all for your service. I have to log off to make patient rounds. Have a lovely day. Love the idea of patient centric approach.
- Keyena McKenzie, "Psychedelic Therapist" and "Facilitator" can be further and more definitively outlined in the State Administrative Code within the "Definitions" portion of the statutes.
- Eileen Brewer, To Jessica's point, I guess it depends on the patient needs. I think that therapists and facilitators can decide what they want to offer and require in addition to these requirements. The patient can choose what they want. Some patients might not care who is facilitating.
- Eileen Brewer, I can't unmute, but hoping that the comments can be read
- Hana Rose – BSW Student and Curandera, okay with a vote today
- Gregory Evans ¯_(ツ)_/¯
- Kate Hawke, I'd like a chance to digest and share
- Don Moser, okay with vote
- Eileen Brewer, all good, I don't blame you! Thanks for all you do.
- Jason Brooks, can you repost the doc with updates in the chat?
- Ian Dunn:
  - Preparation Sessions
  - Adoption: XX-XX-XXXX
  - **Psychological Preparation (Psychedelic Therapist)** The Psychedelic Therapist must be involved in the psychological preparation process to establish the clinical foundation for treatment.
    - **Timing:** This phase must occur first to allow the therapist to determine medical appropriateness and approve or defer participation based on safety.
    - **Medical History:** The therapist should conduct a biopsychosocial assessment and review medical (including medication interactions and contraindications), mental health, and substance abuse history.

- **Intention Setting & Objectives:** The therapist facilitates the discussion of patient goals, intentions, and expectations for the session to establish a psychological framework for the experience.
- **Orientation to "Set":** The therapist addresses the patient's physical, emotional, and psychological readiness, helping to navigate "set" factors (internal mindset) and potential psychological challenges.
- **Clinical Safety Planning:** The therapist evaluates risks for adverse responses, creates the formal safety plan. The therapist should also perform an assessment of the patients support system.
- **MATRIX:** Assessment of suitable release. Environment, support system, and aftercare (not necessarily integration but return to regular life after administration).
- **General education** on the who, what, why, and how of psilocybin and potential adverse effects. This should be provided in an easy-to-read digestible format for patients.
- **Dosing & Tiering:** During this phase, the therapist assigns the Clinical Support Tier and establishes dosing parameters or considerations
- **Referral:** If a patient is determined to be clinically inappropriate, the therapist is responsible for referring them to a primary care provider or other appropriate treatment avenue.
- **Cultural & Spiritual Alignment:** Using trauma-informed and culturally competent communication, the therapist ensures alignment regarding any ceremonial, cultural, or spiritual elements that may be present.
- **Determination of Readiness:** Determines whether the patient is ready for psilocybin treatment or if they need an additional psychological preparation session.

➢ **Administrative Preparation (Facilitator)** The Facilitator conducts administrative preparation in coordination with the Psychedelic Therapist. Their role is strictly limited to non-clinical support.

- **Timing:** The final preparation session must be conducted by the Facilitator who will be present during the administration session. This session must occur no less than 12 hours and no more than 30 days before administration.
- **Informed Consent:** The Facilitator is responsible for obtaining and documenting informed consent during this session.
- **Correct Fit:** This session is the primary opportunity for the patient and Facilitator to ensure their rapport is a good fit for the patient's goals.
- **Logistics & Boundaries:** This phase incudes establishing boundaries (such as touch preferences), providing written disclosures, and orienting the patient to the non-clinical scope of the Facilitator.
- **Orientation to Setting:** The Facilitator orients the patient to the physical environment where the session will occur. This includes reviewing environmental conditions (lighting, temperature, sound), explaining privacy measures, and ensuring the patient is comfortable with the facility layout and accommodations. What the patient sees in regard to 'setting' preparation shall not go under any changes before administration.
- **Escalation:** The Facilitator is responsible for knowing how to escalate medical or psychological concerns to the Psychedelic Therapist or emergency services. This should be part of the orientation.

- **Cultural & Spiritual Alignment:** Using trauma-informed and culturally competent communication, the therapist ensures alignment regarding any ceremonial, cultural, or spiritual elements that may be present.
- **Materials:** Providing materials for the patient's self-administration in accordance with the Therapist's direction.
- **Transportation Plan**: patient must have a plan for transportation as they should not drive for 24 hours post administration of psilocybin.
- **Other Modalities**: if other modalities are going to be used then the patient must be notified and agree, otherwise the additional modalities cannot be used. e.g. of modalities: massage therapy, yoga, etc.

➢ **Combined Timing & Compliance Standards**

- **Total Duration:** Patients shall complete at least two preparation sessions totaling no less than three hours prior to the first administration (minimum requirements may be reduced for subsequent dosing).
- **Session Split:** At least one session must be dedicated to Psychological Preparation (conducted by the Psychedelic Therapist) and at least one session to Administrative Preparation (conducted by the Facilitator).
- **In-Person Requirement:** Where feasible, at least one hour of the total preparation time shall be conducted in person.
- **Sequence:** Psychological preparation must be completed and clinical appropriateness determined before the final administrative preparation session is concluded.
- **Documentation:** All activities, including clinical screening results from the therapist and informed consent from the facilitator, must be documented in the patient record.

- Don Moser, Yes
- Skye Rivers, great meeting, thank you for your service
- James Brown, Yes
- 9:41AM Jonathan Mouchet, DOH stopped recording.
- James Brown sent via email @ medical.psilocybin@doh.nm.gov
    - To Whom It May Concern and Ian Dunn,
      Having a Psilocybin and Psilocin Assisted Therapy Stewardship Program will help to ensure that facilitators are using best practices based off current research, clinical trials, and the established standards.
      Thank You for your considerations in establishing a Psilocybin and Psilocin Assisted Therapy Stewardship Program,
      James Brown

PSILOCYBIN & PSILOCIN
STEWARDSHIP
PROGRAM (PPSP)

By James Brown Pharm.D, Rph

5 Degrees North Healing Foundation (5DNHF)

DEFINITION:

Psilocybin & Psilocin Stewardship Program (PPSP) - is the responsible, ethical, and safe management of psilocybin and psilocin medicine, encompassing their use in a medical therapeutic setting, their cultivation, and the honor to their indigenous roots.

PURPOSE:

To establish a psilocybin stewardship program which will establish clinical standards that optimize clinical outcomes while minimizing unintended consequences of psilocybin and psilocybin use. The focus is on the overall harm reduction principles and strategies, focus on holistic healing that extends beyond the individual self, and the use of ethically standardized practices.

Currently the Psilocybin assisted therapy field has yet to establish an accreditation mechanism that set standards for facilitators and educational programs.

ELEMENTS:

- Leadership Commitment
- Accountability
- Psilocybin and Psychedelic Expertise
- Action
- Tracking
- Reporting
- Education

LEADERSHIP:

The PSP program will be composed of the following team members:

- PSP Director/Designated Individual
- Facilitator(s)
- Other Members

ACCOUNTABILITY:

Psilocybin and Psilocin assisted therapy facilitators will communicate and coordinate with the patient's providers to ensure a continuity of care model. Psilocybin and Psilocin assisted therapy facilitators will remain in good standing with their individual licensure and/or certification body of their individual professional discipline.

EXPERTS:
Psilocybin and Psilocin assisted therapy facilitators have a specialized training in psilocybin-assisted therapy appropriate to their scope of practice and strive to ensure their knowledge of the potential physical, psychological, and spiritual effects of psilocybin and core principles of psilocybin-assisted therapy.

ACTION:

- **Proper Screening:** Psilocybin and Psilocin assisted therapy facilitators will ensure that patients have been comprehensively screened in accordance with existing evidence, guidelines, and clinical judgment.
- **Preparation:** Psilocybin and Psilocin assisted therapy facilitators will prepare patients for a medication administration session by providing guidance in a non-directive approach for navigating challenging experiences that could arise.
- **Set and Setting:** Psilocybin and Psilocin assisted therapy facilitators aim to facilitate a safe and therapeutic medication administration session conducted in a comfortable, and confidential setting.

TRACKING:
The Psilocybin Stewardship Team (PST) will track recommendations and interventions on a spread sheet with the following data elements:

- Patient Information deidentified
- Other Psilocybin and Psilocin data elements outlined by the NM DOH

REPORTING:
Psilocybin and Psilocin assisted therapy facilitators will monitor for challenging and adverse events both during and following the medication administration session. They will ensure that any patient complications will be immediately and properly addressed.

EDUCATION:
Psilocybin and Psilocin assisted therapy facilitators have a specialized training in psilocybin-assisted therapy appropriate to their scope of practice and strive to ensure their knowledge of the potential physical, psychological, and spiritual effects of psilocybin and core principles of psilocybin-assisted therapy.

Psilocybin and Psilocin assisted therapy facilitators are committed to ongoing development in fundamental therapeutic competencies, including building and maintaining therapeutic rapport, maintaining emotional and physical respect, and meeting with the highest level of ethical integrity.

PRACTICAL IMPLACATIONS:
Having a Psilocybin and Psilocin Assisted Therapy Stewardship Program will help to ensure that facilitators are using best practices based off current research, clinical trials, and the established standards.

Establishing minimal standards for facilitators that provide psilocybin and psilocin assisted facilitators with a broad knowledge of the potential physical, psychological, and spiritual effects of psilocybin, and the core principles psychedelic assisted therapy.

Establishing Continuation Education requirements and standards for facilitators to maintain licensure with the NMDOH. Having standards and guidelines related to specific treatment indications helps facilitator(s) be sensitive to how a patient's race, ethnicity, gender, sexual identify, gender identity, or other category of identity will affect.