Dosage, Administration, and Clinical Practice Committee

Meeting Minutes & Chat 6/15/26

Location: Microsoft Teams

Date: 6/15/26

Time: 9:00am

Organizers: Jonathan Mouchet, Jorge Gonzales, Adrian Estrada, Dominick Zurlo, Cyrus Rautman, Cathy Augeri, Leslie Peterson, Brenda V Martinez, Ian Dunn, Robert Truckner, Raymond Gallegos

Attendees: Kate Hawke, Jason Brooks, Don Moser, James Brown, Eric Barlow, Catherine Warnock, Jeff Steinborn, Denali Wilson, Keyena McKenzie, Joan Araujo, Shaina Fawn, Hanifa Nayo Washington, Anne-Marie M Cooper, Brett Phelps, Wendy Robbins, Beth Holmes

Minutes Taker: Cyrus Rautman, DOH

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. Announcements & Introductions

Dominick opened the meeting and introduced committee chair Ian Dunn. Ian reviewed the function and role of the committee and the objective of today's meeting (review and adopt preparation sessions consolidated recommendations, begin review of administration sessions consolidated recommendations), and then opened the floor to attendees to introduce themselves:

- Kate Hawke, Santa Fe, facilitator
- James Brown, PharmD
- Catherine Warnock, licensed professional counselor
- Don Moser, Las Vegas

2. Preparation Session recommendations

Ian then opened the Preparation Session recommendations document for review and feedback by the committee:

- Catherine W: different preparation guidelines for individual vs group setting?
    - Ian: role for both individual and group preparation. We can make explicit the need for group preparation. Admin prep could take place in group context? Dominick: meeting group should occur pre-administration day, at the discretion of the Practitioner
    - Kate: group dynamics can vary, group sharing of intentions may be appropriate in some instances and we shouldn't set hard rules around this.
    - James: need to highlight confidentiality – require a signed confidentiality agreement among participants?
    - Discussion followed on the timing of preparation sessions prior to administration. The committee agreed on a hard cap of 21 days before administration.
    - Vote was held on adopting preparation sessions recommendations: 5 in favor, 0 opposed – Preparation Sessions document is adopted.

3. Administration Session recommendations

Ian then opened discussion on the Administration Session recommendations document:

- Discussion followed on making patient rights explicit, including right to terminate services prior to administration and right to confidentiality, as well as reaffirming boundaries/consent
- Discussion followed on flexible/split dosing. This discussion will continue in future meetings.
- Discussion followed on self-administration of psilocybin for patients with limited mobility. Determined that administration by caregivers would be an effective solution to this issue. The purpose of limiting administration privileges is to protect providers.

4. Next Meeting Date

Next meeting date was set for Tuesday, July 14th at 9:00am.

Ian thanked all participants and Dominick adjourned the meeting at 10:09am.

Chat

Medical Psilocybin - Dosage, Administration & Clinical Practice Committee 6/15/26

External

Mouchet, Jonathan, DOH named the meeting Medical Psilocybin - Dosage, Administration & Clinical Practice Committee 6/15/26.

Meeting started at 8:01 AM

Mouchet, Jonathan, DOH started recording.

Brown, James

9:03 AM

Morning everyone. James Brown Pharm.D. Happy to be here today.

Gonzales, Jorge, DOH

9:03 AM

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

How to raise your hand to speak:

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- If on the Teams app on a phone, please press the ellipses (three dots) in the menu and then the "hand" icon will appear, and you can select it

- If you are joining through voice only on a phone, press *5 to raise or lower your hand

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- To unmute/mute on Teams on a Computer or on the Teams Phone App click on the microphone icon:
- On a computer it is in the upper right area of the Teams window.
- On a phone it is usually in the lower left of the Teams App, however, different models of phone (Apple, Android, etc…) may have the mute/unmute icon in a different location:
- Telephone: voice only - press *6 to unmute/mute

Don Moser

9:04 AM

Don Moser in Las Vegas. Glad to be here . Thanks

G-Ian.Dunn

9:05 AM

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.

Gonzales, Jorge, DOH

9:07 AM

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 regards 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.
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- **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

G-Ian.Dunn

9:07 AM

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.

Zurlo, Dominick, DOH

9:15 AM

great point Catherine

Don Moser

9:19 AM

Are there limits to group size?

G-Ian.Dunn

9:22 AM

Preparation Sessions

Adoption: XX-XX-XXXX

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Brown, James

9:40 AM

24 hours vs 12 hours

Brown, James

9:42 AM

The 12 hours allows for 1 day of travel and hotel accommodations. 24 gives the 2 days

G-Ian.Dunn

9:43 AM

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Gonzales, Jorge, DOH

9:47 AM

Purpose

Administration sessions involve the supervised facilitation of a patient's medical psilocybin experience within an approved setting.

Administration sessions serve to:

- Provide a safe and supportive environment for psilocybin administration.
- Maintain patient physical and psychological safety throughout the experience.
- Support the patient during altered states of consciousness.

- Monitor physiological and psychological responses during administration.
- Ensure compliance with regulatory and facility safety requirements.
- Facilitate a therapeutic environment conducive to introspection, emotional processing, and insight.

Administration sessions occur after completion of required preparation sessions and prior to post-session integration.

Minimum Administration Requirements Adminis… by Gonzales, Jorge, DOH

Gonzales, Jorge, DOH

9:47 AM

Minimum Administration Requirements

Administration sessions must meet the following minimum requirements:

- Administration must occur within an approved setting
- The Facilitator must be present and available to provide support for the duration of the administration session.
- Administration must be documented in the patient's clinical record.
- Administration sessions must comply with all applicable **state regulations, facility policies, and safety protocols**.

Gonzales, Jorge, DOH

9:48 AM

Informed Consent Confirmation

Prior to administration, facilitators must reconfirm informed consent through direct discussion with the patient. This discussion must include:

- Confirmation that the patient understands the nature of psilocybin administration
- Potential psychological and physical effects
- Possible intensity or unpredictability of the experience
- Patient rights to pause or terminate the session at any time

Consent confirmation must be documented prior to administration.

Catherine Warnock

9:51 AM

Is patient confidenitality for groups only?

Denali Wilson

9:54 AM

Oh and patient data would be good to include as well. Here's what we'd recommend:

- Consent for psychedelic journeying is multifaceted. Patients need to understand not only what they are taking, how it may affect them, and what the risks of the substance itself are, but also what the risks of participating in a program using a Schedule 1 substance may be, including positive drug tests, employment consequences, legal consequences, changes in opinions and behavior that could alter their existing relationships, and data access.
- Patients need clear information on what aspects of treatment they may have to pay for out of pocket.
- Patients must understand how their data will be used, both during PAT and afterward. Downstream uses from the journeying appointment may include using data for studies, program assessment, provider training, AI-tool building, and other uses depending on the program's development.
- Patients may also need to be instructed on their rights regarding the use of biometric data, especially if journeys include voice recordings or the creation of other biometric assets.

Zurlo, Dominick, DOH

9:56 AM

Is patient confidenitality for groups only?

No, it would be for individual as well. In my mind, it is just the standard confidentiality of therapeutic sessions, but should be repeated because there may be unlicensed (although permitted) individuals present and ensuring patients know those individuals are also covered and required to keep information confidential.

Gonzales, Jorge, DOH

9:56 AM

Dosage and Administration

Psilocybin products must be administered according to the Psychedelic Therapists' guidance/recommendation.

Administration procedures must include:

- Verification of product identity and dosage
- Confirmation that the product was obtained through authorized channels
- Documentation of the dosage administered
- Observation of ingestion or administration by the patient
- Patients must voluntarily self-administer the product.

Facilitators must not coerce, pressure, or physically administer psilocybin to patients.

Brown, James

10:05 AM

Are facilitators allowed to handle the psilocybin? Is there specific language to that? Does there need to be?

Catherine Warnock

10:07 AM

Also, just want to put into the mix that updosing should be complete within 2-3 hours. Otherwise, digestion is slowed to the point where the medicine sits in the stomach causing potentially a delayed trip

Denali Wilson

10:07 AM

I'll work on something and share by email. Thanks all!

Mouchet, Jonathan, DOH stopped recording.

Meeting ended: at 10:10 AM after 2 hours 9 minutes 56 seconds, Medical Psilocybin - Dosage, Administration & Clinical Practice Committee 6/15/26, Monday, June 15, 2026 9:00

AM - 10:00 AM, link to view recap, This meeting contains 1 recording, 1 file, Press Enter to view more

Public Comment: