

General question to consider: How do we institutionalize and codify the ways in which Facilitator Training Programs demonstrate equity?

Note: items highlighted indicate terms or concepts requiring further development. Additional notes and details about these items can be found in the footnotes that accompany them.

Ensuring Equity In Core Materials

OAR should require Facilitator Training Programs to:

- Orient learners to the meanings of **cultural equity**¹ and **racial justice**², and to the ethics of relational care and reciprocity, and use these core competencies as the framework to develop and present all core modules.
- Teach “cultural equity” as a core module, and include in this module a historical accounting of systemic inequity and intergenerational trauma, particularly highlighting:
 - Cultural equity and its relationship to **health equity**³
 - Cultural equity and its relationship with environmental and racial justice
 - The rationalization of the Controlled Substances Act of 1970 and psilocybin prohibition
 - The War on Drugs of 1971 including who it impacts and its effects on cultural and health equity today
 - Social power and privilege, their misuse, and who they impact and their effects on cultural and health equity today
 - **Decolonization**⁴ and cultural appropriation

¹ “Cultural equity” means [the embodiment of values, policies, and practices that ensure that all people, especially those who have been historically marginalized based on race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances, are represented in the development of social pathways to health equity]

² “Racial justice” means [the restitutive fairness in the treatment of racially marginalized people by way of eliminating discriminatory and systemic barriers and creating new pathways for the same in order to ensure health equity for people of all races]

³ “Health equity” means [the assuredness of access to full health and wellbeing for all people despite differences and disadvantages created by designations of race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances]. See [OHA's definition of Health Equity](#).

⁴ “Decolonization” means [unlearning the thinking, practices, and societal systems that assert western superiority over traditional and Indigenous governance, knowledge and practices. Decolonization requires dismantling systems and structures that assert power and control, and cause harm by the dominant culture, making repairs for the damages done, and returning to a culture which honors and centers Indigenous sovereignty and justice]

- Teach “historical, traditional knowledge and practices” as a core module and include in this module the following topics:
 - Historical, traditional knowledge and practices including: origin, Indigenous lineage, ceremonial and other traditional practices across cultivation and preservation, harvesting and preparation, and administration and experience
 - The impact of historical, traditional knowledge and practices on today’s modes and standards of use
 - Western exposure and 20th century research, study, and practices
- Cover **Trauma Informed Care**⁵, broader concepts of trauma including the physiology of trauma, and how physiology generally shapes all experiences including the experience of trauma.
- Cover community- and self-care, addressing vicarious trauma, vicarious resilience, empathic stress, compassion fatigue, and compassion satisfaction.

The Psilocybin Services Program, by rule or by policy, should orient Facilitator Training Programs and their learners to Measure 109 and its impacts on and intersection with Measure 110.

The Psilocybin Services Program, by rule, should require training in basic CPR for all facilitators and look into the opportunities and implications of dual tracking with Traditional Health Workers or Community Health Workers.

Ensuring Student Mastery of Equity in Core Materials

OAR should require that Facilitator Training Programs:

- Have a means to measure student proficiency in cultural equity, racial justice, and the ethics of **relational care**⁶ and reciprocity. Proficiency should demonstrate the following:
 - Value and respect for cultural, individual, and role differences, including those due to race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
 - Awareness and knowledge of cultural equity and racial justice, the difference between the two, and the meaning of inclusion, including contextual and systemic dynamics related to inequities due to race, ethnicity, language, disability, age,

⁵ “Trauma Informed Care” means [] vs. “Trauma Focused Care” which means []

⁶ “Relational care” means [to support the personal needs, growth, and wellbeing of others, particularly of those going through temporal crises such as houselessness, illness, marginalization, stigmatization, ostracization., etc.]

- gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.
- Awareness and skills to become accountable and create **repair**⁷ when they have misused or abused their privileges due to race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Ensuring Equity in Program Business and Operating Practices

OAR should require that Facilitator Training Programs:

- Develop and maintain **social equity plans**⁸—plans encompassing internal and external equity strategies—as a condition of approval. Social equity plans should, at minimum, present a well-defined mission and describe the ways Programs will 1) integrate equity (e.g., DEI) throughout their internal practices, policies, and programming; 2) participate in and support the Psilocybin Service Program’s equity efforts; and 3) monitor, measure, and report against proposed key performance indicators.
- Advise new trainers applying to their Programs to demonstrate through their CV how they have been involved in promoting equity, diversity and inclusion and list what they have done in these areas.
- Maintain continuing education for their leadership and staff in the areas of cultural equity, decolonization and racial justice.
- Meet social equity plan KPIs, maintain continuing education, report the evaluations of student proficiency in equity, and report student satisfaction assessments as a condition for Program renewal.

The Psilocybin Services Program, by rule or by policy, should prioritize the approval of Facilitator Training Programs that have a diverse group of trainers (according to race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances); and that have diversity target goals and strategies for the recruitment and retention of diverse staff trainers in their social equity plans.

Ensuring Equity in Economic Opportunity

⁷ Some models of repair include, but are not limited to, [1]

⁸ Criteria and administrative oversight details TBD

OAR should require that the Psilocybin Services Program:

- Prioritize Oregon-based and Oregon-owned Facilitator Training Programs, Programs that are owned by culturally marginalized people and those directly impacted by the War on Drugs, and Programs that demonstrate diversity in their trainers and staff. Programs that demonstrate all three criteria should have a highest priority for acceptance.
- Charge application fees to non-Oregon Programs that build a fund to support the development and maintenance of Programs owned by culturally marginalized people and those directly impacted by the War on Drugs so that these Programs may succeed. Examples of support include:
 - Grants and low interest rate small business loans
 - Technical assistance and business support services
- Require Programs to identify their business relationships and funding sources, including connections with venture capital.

Ensuring Equity in Training Access

OAR should require that the Psilocybin Services Program:

- Charge application fees to non-Oregon Programs that build a fund to support culturally and economically disadvantaged students' enrollment in Facilitator Training Programs. Examples of support include:
 - Grants and scholarships

The Psilocybin Services Program, by rule or by policy, should work to provide access to Facilitator Training Programs through public and private sector agencies and organizations that offer free training programs available to culturally marginalized people.

OPAB should work to build connections and rapport with accreditation organizations so that in the future there may be federal accreditation of the Programs to provide access to federal student loan and grant money.

OAR shall require that Facilitator Training Programs:

- Offer translation services for programmatic documents and lectures for students for whom English is a second language, or offer reduced fees so students may purchase interpretation themselves.

- Offer academic and physical accommodation in Facilitation Training Programs for people living with disabilities to guarantee academic equity.
- Offer reduced fees for applicants with disabilities who are receiving state assistance.
- Offer other forms of experiential learning to those who are unable to undergo a facilitated psilocybin experience due to contraindicated medical conditions.

Ensuring Equity in Community

The Psilocybin Services Program and OPAB should work to answer these additional questions:

- How does the Psilocybin Services Program integrate, support, and make accessible community-based peer support groups and networks for clients, facilitators, and Service Center staff, especially those consisting of culturally marginalized people?
- What role, if any, can the Psilocybin Services Program play in helping people, and especially those identifying as culturally marginalized, learn how to establish peer support groups to be made available for clients, facilitators, and Service Center staff?
- How does the Psilocybin Services Program facilitate connections between clients, facilitators, Service Center staff, Service Centers, and community-based peer support groups, and in a way that doesn't over professionalize community-based services?
- How are facilitators and Service Centers protected when referring clients to community-based peer support groups?
- How can the Psilocybin Services Program facilitate learning from and sharing with community-based peer support groups?