JULY 2026

Psychedelic-assisted therapy pilot

Community engagement plan

Background

Mental health conditions can be chronic and sometimes debilitating, affecting 23% of U.S. adults in 2022. In 2024, about 18% of people experiencing homelessness in the U.S. had a diagnosed serious mental health condition, and 35% of U.S. adults with mental illness also had a substance use disorder.[1] Despite the efficacy and availability of multiple treatment modalities, many people — especially those from marginalized or disenfranchised communities — face barriers to accessing high-quality, evidence-based treatment. Furthermore, existing treatments are not universally effective for everyone and, for some, symptoms continue even after trying one or more standard treatments. This is often called treatment resistance, and it may affect 20-60% of individuals with a known mental health condition.[2]

Psychedelic-assisted therapy (PAT) is being studied as one possible option for people with certain mental health conditions such as depression and PTSD, especially people who have not found adequate relief through current treatments. Studies to date show promising results, with sustained reduction in symptoms up to 18 months post-treatment.[3] While psychedelics have been used for religious, cultural, and healing purposes for thousands of years, they became part of Western medical research in the early 1950s, but research slowed in the 1970s and 1980s because of the War on Drugs.[4,5] As public views and scientific interest have shifted, researchers have begun studying these treatments again.[6]

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[1] National Alliance on Mental Health (2026). *Mental Health By the Numbers*. https://www.nami.org/mental-health-by-the-numbers/
[2] Howes, O. D., Thase, M. E., & Pillinger, T. (2022). Treatment resistance in psychiatry: state of the art and new directions. *Molecular psychiatry*, *27*(1), 58–72. https://doi.org/10.1038/s41380-021-01200-3
[3] The Lancet Regional Health – Europe. (2023). Psychedelic-assisted Psychotherapy: Hope and dilemma. The Lancet Regional Health - Europe, 32, 100727. https://doi.org/10.1016/j.lanepe.2023.100727
[4] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Forum on Neuroscience and Nervous System Disorders; Stroud C, Posey Norris SM, Matney C, et al., editors. Washington (DC): National Academies Press (US); 2022 Sep 1.
[5] Tsyrulnikov, A. (2024, June 12). Avoiding the mistakes of the war on drugs | MUSC. https://www.musc.edu/content-hub/news/2024/06/12/war-on-drugs
[6] Doblin, R. E., Christiansen, M., Jerome, L., & Burge, B. (2019). The Past and Future of Psychedelic Science: An Introduction to This Issue. *Journal of psychoactive drugs*, *51*(2), 93–97. https://doi.org/10.1080/02791072.2019.1606472

Camden Coalition

In New Jersey, former Governor Phil Murphy signed the Psilocybin Behavioral Health Access and Therapy Pilot Program into law in 2026.[7] The program provides $6 million for three psilocybin research pilots across NJ, with one pilot in each region of the state: North, Central, and South ($2 mil per research site). What the pilots learn will help guide future recommendations to the Governor and Legislature about whether New Jersey should create a regulated psilocybin treatment program.[8]

Because this pilot could shape future mental health care in New Jersey, community input is essential. Community-informed research, also called community-engaged research, means that communities who may be impacted by the study outcomes play a central role in the research process.[9] Community-engaged research exists on a spectrum, from informing the community to community members co-leading research and having a role in what and how research is conducted. This approach is especially important because medical research has historically harmed communities, especially BIPOC communities. Medical research has often skipped trust-building with the communities it is researching and has failed to return meaningful benefits to those it studies. While ethical standards and oversight have dramatically improved, marginalized communities remain under-represented in research, both as participants and co-researchers.[10,11] Community-informed research is especially important for psychedelics, where knowledge and opinions about psychedelics within communities vary, especially within communities that have been harmed by the War on Drugs, mass incarceration, and subsequent overdose crisis. By engaging communities before, during, and after psychedelic research, we can build knowledge and understanding of psychedelic-assisted therapy (PAT) and ensure that treatment protocols and care models are designed to ensure that those with the greatest need have access to this promising treatment.[12]

Community engagement goals

Recognizing the importance of community-informed research for PAT, the Camden Coalition is implementing a community engagement strategy to inform the clinical research developed under the New Jersey Psilocybin Behavioral Health Access and Therapy Pilot Program. The engagement effort will build community understanding of PAT, solicit input on outreach strategies and priorities, and strengthen alignment between community needs and the research design. This work will be guided in part by the Camden Coalition's Community Advisory Committee (CAC), a group of community members that advises the organization on community health initiatives and strategic priorities. Three CAC members are directly contributing to project design and the broader CAC will support engagement events, educational sessions, and identification of individuals and communities for targeted outreach.

Through this multi-faceted engagement strategy, the Camden Coalition will gather community perceptions on PAT research protocols, care models, and implementation considerations that will inform both the pilot research and future development of a regulated psilocybin treatment program. We intend for this community research to inform an equity-centered implementation of both research and future regulated treatment models, ensuring that the communities most in need of this treatment have access to it. The overarching objective is to ensure that community priorities are reflected

[7] New Jersey Psychedelic Therapy Association. (n.d.). Advocacy Efforts. https://njpta.net/advocacy
[8] McCarter & English, LLP. (2026, January 23). New Jersey enacts psilocybin behavioral health access and therapy pilot program. https://www.jdsupra.com/legalnews/new-jersey-enacts-psilocybin-behavioral-5530476/
[9] Penn State Clinical and Translational Science Institute. (n.d.). Section 2: What is community-engaged research (CENR)?. CEnR Researcher Toolkit. https://ctsi.psu.edu/services/toolkits/cenr-researcher/what-is-cenr
[10] National Academies of Sciences, Engineering, and Medicine. 2022. Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups. Washington, DC: The National Academies Press. https://doi.org/10.17226/26479.
[11] Baumgartner-Diolaiuti, C., & Johnson, L. (2025, April 21). Racial inequities in medicine: The history of unethical race-based experimentation. https://www.clinicalleader.com/doc/racial-inequities-in-medicine-the-history-of-unethical-race-based-experimentation-0001
[12] Leeman, L., Armstrong, M., Menashi, D., Nayo-Washington, H., Marseille, E., Herrera, J., Romero, C., & Page-Reeves, J. (2026). Community engagement as a foundation for implementation research for group psilocybin assisted therapy in New Mexico. Frontiers in Public Health, 14. https://doi.org/10.3389/fpubh.2026.1845943

in program design and that emerging treatment models are accessible, affordable, and responsive to populations that experience disproportionate mental health burden and are often excluded from innovative care approaches.

This effort builds on community-engaged research underway in New Mexico, led by the Psychedelic Mental Health Access (PMHA) Alliance, the University of New Mexico, and the Health Equity Council. That initiative engaged community leaders and members from three affinity groups—veterans and first responders, women survivors of sexual trauma, and Indigenous Tribal communities—to inform the development of research protocols. Community input shaped protocol elements such as treatment room design, supportive resources, and the inclusion of peer facilitators. The Camden Coalition seeks to adapt and extend this approach in New Jersey by engaging additional priority populations and incorporating community perceptions into the design of psilocybin research and implementation recommendations. By focusing on community education, we aim to ensure that individuals within the community feel empowered to make an informed choice about participation in future PAT treatment and/or clinical research.

Priority populations

The project team, in collaboration with the CAC members advising the project, has identified five priority populations with whom to focus engagement and collaboration. Each population faces high rates of treatment-resistant depression one of the potential clinical conditions research intends to focus on. Members of the CAC identified that treatment-resistant depression is often an underlying cause of individuals' substance use disorder, incarceration, or homelessness and thus these individuals could benefit most from psychedelic-assisted therapy. Additionally, these communities have historically been harmed by medical research and/or lacked access to advanced, cutting-edge treatments that they could greatly benefit from as implementation lacked an equity focus.

In addition to people with substance use disorders (SUDs), individuals returning home following incarceration, and individuals experiencing homelessness, we collectively identified postpartum individuals and veterans as additional priority populations. Postpartum depression is one of the leading causes of maternal mortality and morbidity, and as such, new treatment modalities present an opportunity to significantly improve maternal health outcomes.[13] The Veterans Association (VA) is one of the leaders in PAT research nationally, but access for veterans has been inequitable and limited to affluent veterans who have the resources and time to travel to private treatment facilities.

Eligibility for the clinical research trial will be determined by the academic research institution(s) selected as a research site. Eligibility may not align with the priority groups selected in this community engagement phase, especially for postpartum individuals and those experiencing homelessness. Pregnant and postpartum people who are lactating are often excluded from medication trials due to concerns about the impact the medication might have on the fetus or baby.[14] Additionally, because of the inherent instability that comes from being unhoused, individuals experiencing homelessness may face barriers to attending pre- and post-medication support sessions which are a critical component of the research protocol. Nonetheless, given the promise of PAT, we believe it is important to understand what implementation should look like from the perspective of communities beyond those eligible for research and thus have opted to include these populations in our community engagement strategy. This will ensure equitable translation from research to implementation.

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[13] Policy Center for Maternal Mental Health. (2026, April). Maternal Mental Health[Fact Sheet]. https://policycentermmh.org/maternal-mental-health-fact-sheet

[14] O'Connor McFerran, E. F., & Quinney, S. K. (2025). Bridging the gap: Inclusion of pregnant women in clinical drug trials. *Clinical chemistry*, 72(1), 7–10. **https://doi.org/10.1093/clinchem/hvaf149**

Methods for engagement

The engagement approach is designed to meet community members where they already gather, learn, receive support, and make decisions. Rather than relying on a single outreach strategy, the Camden Coalition will use multiple, complementary methods to create accessible opportunities for education, dialogue, reflection, and feedback. This approach recognizes community members as essential partners whose knowledge should shape how PAT research is explained, designed, and ultimately implemented.

Transparency is a key pillar of our engagement, which includes closing the loop on what we learned from community engagement and how community feedback will inform decisions, priorities, and next steps. During our engagement sessions, we will share our intentions for collecting community feedback, including a disclaimer for how we intend to use this data. Additionally, we will share feedback with the community partners that welcome us into their space to disseminate with clients and community members that they serve. For participants who engage in 1:1 interviews, we will offer the opportunity to share an email/address to receive a summary of results at the end of the engagement period. The CAC will serve as trusted messengers to disseminate the results of our engagement back to the community, helping us craft the message and reach the appropriate groups.

Across all engagement activities, the project team will prioritize transparency, trust-building, and two-way communication. Educational content will respond directly to questions and concerns raised by CAC members, including questions about safety, addiction potential, clinical protocols, participant protections, and the current evidence for psilocybin treatment. Feedback gathered through each activity will be documented systematically and used to inform research design considerations, outreach strategies, implementation recommendations, and future community-facing communications.

Community town halls

The project team will host two community town halls to reach a broad cross-section of residents, community-based organizations, service providers, and other stakeholders. These sessions will emphasize education and knowledge-sharing, including an overview of PAT, emerging research findings, and the New Jersey psilocybin research pilot. Town halls will create space for community members to ask questions, voice hopes and concerns, and identify what information they need to make informed decisions about future research or treatment participation.

Affinity group outreach

The project team will partner with trusted organizations and tap into existing community spaces and established networks to facilitate conversations with priority populations and the systems of care that support them. These conversations may include people with lived experience related to the priority population groups, family members, friends, peer supporters, providers, social service partners, and other community stakeholders. Sessions will combine tailored education with facilitated discussion, allowing participants to reflect on population-specific considerations, including perceived benefits, concerns, barriers to access, and cultural considerations. Additionally, discussions will focus on the conditions that would make PAT research or future treatment feel safe, respectful, and useful.

Community interviews

To better understand how PAT research and implementation may affect specific populations, the project team will conduct two in-depth interviews with individuals who self-identify as members of each priority population. Interviews will provide a more private and detailed setting for participants to share experiences, questions, and recommendations that may not surface in larger group settings. Discussion topics will include what safe and beneficial implementation would require, how eligibility and outreach should be communicated, what supports may be needed before and after

treatment, and what safeguards would help build trust. Interview findings will be analyzed alongside input from town halls, affinity groups, and lived experience circles to identify shared themes while avoiding assumptions that any individual participant speaks for an entire community.

Lived experience circles

The project team will host one lived experience circle with approximately four to five representatives from each priority population. This format is intended to reduce hierarchy, elevate community expertise, and support balanced participation among people who share relevant experiences. Facilitators will create a trauma-informed and respectful environment where participants can reflect on the meaning of PAT research for their communities, identify conditions for trust and safety, and discuss how future treatment models could be designed to be accessible, culturally responsive, and accountable. Circles will be co-facilitated by subject matter experts and community-based facilitators, including CAC representatives, to ensure that both technical knowledge and lived expertise guide the conversation.

Provider focus groups

The project team will host two provider focus groups to understand how PAT research and future implementation may intersect with existing systems of care. One focus group will engage clinical and hospital leadership, while the second will engage frontline staff who work directly with patients, clients, and community members. These discussions will explore provider perspectives on referral pathways, eligibility criteria, participant supports, workforce readiness, and potential barriers that could affect equitable access. Provider feedback will be considered in relation to community input, with the goal of ensuring that clinical and operational recommendations remain grounded in the needs, preferences, and realities of the communities the pilot is intended to serve.

Timeline

Outreach and engagement activities will take place from July 2026 through April 2027. During the first half of the engagement period, the project team will focus on communities that may be included in the New Jersey clinical research trials, including people with experience of substance use disorder, veterans, and individuals returning home following incarceration. This sequencing is intended to ensure that community input can directly inform research design, outreach strategies, participant supports, and implementation planning as early as possible.

During the second half of the engagement period, the project team will focus on postpartum individuals and people experiencing homelessness. Although these groups may not be included in the initial Cooper University Health Care research protocol due to clinical considerations related to pre- and post-dosing support needs, care continuity, and the limited safety information available regarding psilocybin and breast milk, their perspectives remain essential. Engaging these communities will help ensure that future research and implementation recommendations reflect the needs, concerns, and priorities of populations that may be affected by, interested in, or excluded from early PAT research opportunities. Summaries will be shared in May 2027.

Key considerations

Building the case for equitable access

Ensuring equitable access to this emerging treatment is a key goal of this community engagement. By ensuring community voice is included in the research and implementation discussions, we can address many of the anticipated

barriers to ensuring access to communities that have historically been left behind when new treatments come to market. The project team will consider care models and associated payment mechanisms, including a focus on ensuring access through Medicaid, to support the goal of ensuring that access to emerging PAT treatment can reach those with the most need and fewest resources.

Building trust through historical awareness and transparency

Many priority communities have limited trust in formal research institutions because of longstanding patterns of exclusion, harm, and extraction. This history must be acknowledged directly as part of the engagement process. The project team will address power dynamics, institutional racism, and the legacy of medical and behavioral health harm and research that has too often studied communities without ensuring meaningful benefit, accountability, or return of findings. Engagement activities will therefore emphasize transparency, plain-language communication, and opportunities for community members to ask questions, raise concerns, and shape how PAT research and future implementation are discussed.

Centering community voice through trusted relationships

Some priority populations may face barriers to participation because of housing instability, caregiving responsibilities, limited access to reliable communication tools (cell phones, email, etc.), transportation challenges, or prior negative experiences with formal systems. To reduce these barriers, the engagement strategy will build on existing community relationships and offer multiple pathways for participation. Organizations that serve priority populations often hold valuable context about community needs, barriers, and service environments; however, their perspectives cannot substitute for the voices of community members themselves. Engagement activities will therefore intentionally include both individuals with lived experience and the trusted networks that support them, ensuring that implementation recommendations are informed by community voice, practical service-delivery knowledge, and the relationships that shape access to care.

Conclusion

This community engagement plan reflects the Camden Coalition's commitment to ensuring that psychedelic-assisted therapy research and future implementation in New Jersey are shaped by the communities most affected by mental health inequities and barriers to care. By combining community education, direct engagement with priority populations, and trusted partnerships with structured opportunities for feedback, the project will elevate community expertise as a central source of guidance for research design, outreach, participant supports, and implementation recommendations. Ultimately, this work is intended to support an equitable, community-informed foundation for PAT research and future care models so that emerging treatments are not only scientifically rigorous, but also accessible, respectful, and responsive to the needs and priorities of the communities they are meant to serve.