Research and Continuous Improvement Committee

Meeting Minutes & Chat 6/12/2026

Location: Microsoft Teams

Date: 6/12/2026

Time: 9:00am

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

Attendees: Brenda Burgard, Chris Peskuski, Ian Dunn, Celina Montoya, James Brown, David Gomez, Kate Hawke, Eileen Brewer, Skye Rivers SFR, Anne-Marie M Cooper, Danielle Leonard, Brooke Kaemingk, Hána Rose, Skye Rivers SFR, DezBaa', Greg Evans, Danielle Leonard, James Ferreira, A R, Todd Korthuis, Catherine Sanchez, Jeff Steinborn, Joan Araujo, Ellen Schimmels, Reuben Sutter, Catherine Warnock, Meredith McBranch, Lida Fatemi, Jim Dodson, Hanifa Nayo Washington, Wendy Robbins, Maximilian Esparza, Eric Barlow

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

- Jorge opened the meeting by introducing the committee and reviewing meeting rules and guidelines, then introduced Dan Jennings to lead the meeting.
- Dan introduced the agenda for the day and began introductions, starting with DOH
    - Brenda Burgard, Training & Education committee chair
    - Kate Hawke, Santa Fe, working with Scottsdale Research Group on psilocybin studies
    - Skye Rivers, Santa Fe Reporter
    - Danielle Leonard, LMHC, Santa Fe, researcher with NMHU
    - James Brown, PharmD, Five Degrees North healing foundation
    - Hana Rose, BSW and curandera in Silver City NM
    - Ian Dunn, MPP advisory board chair

- DezBaa', MPP advisory board member
- Chris Peskuski, advisory board member
- Brooke Kaemingk, MSN-Ed hospice RN, interested in EOL
- Eileen Brewer, pain advocate

Norms reminder

2. Presentation: Todd Korthuis & Adrianne Wilson-Poe

- Dan introduced Todd Korthuis with OPEN
- OPEN: community researchers who developed a system to document contemporary psychedelic research. Commitment to open-source data collection and sharing, designed to be shared with public health services
    - Longitudinal (deidentified) data tracking of participants – 12 months data collection per patient
    - Pilot study in Colorado, partnering with facilitators to identify data needs and interests
- Adrianne Wilson-Poe presented slides on Participant-Reported Safety during sessions as well as Serious Adverse Reactions
    - 4/426 patients experienced adverse reactions
    - Only behavioral reactions, no adverse medical reactions
    - All occurred in psychedelic-naïve patients seeking services for mental health issues
    - Fairly high doses (30-50mg)
    - 3/4 still felt goals were met
- Preliminary data; significant reduction in moderate-severe depression (self-reported) over 3 months
    - Similar results for moderate-severe anxiety
    - Similar results for PTSD symptoms
    - Mental wellbeing: significant improvement over 3 months
    - Life satisfaction: significant improvement over 3 months
- Limitations: observational, uncontrolled study design limits causal inference
    - Study population: 10% of total clients receiving services in OR
- Conclusions:
    - Rigorous real-world data to inform policy & consent
    - Early findings:
        - Study population similar to clinical trials
        - Few but notable safety events
        - Decrease in mental health symptoms

        - Improved life satisfaction, wellbeing

The Psychedelic Data Disconnect:

- Few safety events in clinical trials & observational studies; millennia of indigenous practices & efficacy in clinical trials
    - How does this play out in state-regulated systems?

3. Intersessional Work Group Report-Outs

- Dan reviewed committee responsibilities: reporting framework, harm reduction/QI framework, core/extended data set framework
- Intersessional workgroups:
    1. Care pathway & safety
    2. Participant experience & fit
    3. Data & reporting architecture

Danielle Leonard: intersessional work report: workgroups 2 & 3: **Reporting Framework Consensus**

- Danielle presented a proposed framework for client workflow & information capture, beginning with referral and entry and continuing through integration and longitudinal outcome monitoring
- After some discussion, including consulting with Todd and Adrianne, a vote was taken and the Client Workflow & Information Capture draft was accepted by the committee (3 in favor, 0 opposed).
    - Will send this framework to Advisory Board for review/approval.

Dan announced that the next workgroup presentation would be harm Reduction/ QI Framework consensus on July 10, 9-11am

- Then Core/Extended Data Set Framework Consensus Aug 7, 9-11am

4. Public Comment

- No public comments

Dominick thanked the public and Dan adjourned the meeting at 10:49am.

Chat

Medical Psilocybin - Research and Continuous Improvement Committee 6/12/26

Mouchet, Jonathan, DOH named the meeting Medical Psilocybin - Research and Continuous Improvement Committee 6/12/26.

Meeting started at 8:47 AM

Mouchet, Jonathan, DOH started recording.

Gonzales, Jorge, DOH

9:00 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

Gonzales, Jorge, DOH

9:06 AM

How to raise your hand to speak:

- If on a computer – click on the "hand" icon near the top of the Teams window (it says "Raise" under the icon)
- 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

How to Unmute:

- Once your name is called, you will be able to unmute:
- 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

Brown, James

9:07 AM

Morning everyone. James Brown Pharm.D. Five Degrees North Healing Foundation. So happy to be here today to participate and help out.

Gonzales, Jorge, DOH

9:07 AM

If you have been unmuted and your microphone still seems not to be working - one issue some individuals have is their microphone not being connected to the computer at the moment (it seems to especially happen with headsets), so you may need to ensure your microphone is active and connected to your computer.

Danielle Leonard LMHC

9:07 AM

sorry my mic is not working. I am a therapist in santa Fe and I do research with NMHU

Brooke Kaemingk

9:08 AM

Good morning 🌼 Brooke here, MSN-Ed hospice RN, studying psychedelics for EOL. Interested in research and rolling out . Looking to relocate to NM -

Eileen Brewer

9:09 AM

Hey all, Eileen Brewer, pain advocate, New Mexico fan, happy to be here

Danielle Leonard LMHC

9:12 AM

Still cant open my mic

Danielle Leonard LMHC

9:12 AM

yep

Gonzales, Jorge, DOH

9:14 AM

Still cant open my mic

If you have been unmuted and your microphone still seems not to be working - one issue some individuals have is their microphone not being connected to the computer at the moment (it seems to especially happen with headsets), so you may need to ensure your microphone is active and connected to your computer.

Danielle Leonard LMHC

9:15 AM

the mic icon area is no longer greyed out but not respondin

Adrianne Wilson-Poe

9:15 AM

I'm also unable to use mic or camera

Gregory Evans

9:16 AM

still greyed out

Gonzales, Jorge, DOH

9:17 AM

Unknown User6/12/2026 9:15 AM

I'm also unable to use mic or camera

Hi Adrianne welcome, as I mentioned in the beginning that only the presenters and DOH staff have those enabled. When it is time for public comments then you can raise hand and we will enable the mic

Zurlo, Dominick, DOH

9:18 AM

Danielle - if you send what you want to share to the program email, we can display it. medical.psilocybin@doh.nm.gov

Chris Peskuski

9:18 AM

Hi Todd

Adrianne Wilson-Poe

9:18 AM

Present but unable to use mic or camera

Adrianne Wilson-Poe

9:19 AM

I'll be presenting as well, can someone enable screen sharing?

G-Ian.Dunn

9:21 AM

No worries, technology can act so fun

Gregory Evans

9:22 AM

something is in the eather today

Zurlo, Dominick, DOH

9:22 AM

Unknown User6/12/2026 9:19 AM

I'll be presenting as well, can someone enable screen sharing?

Adrianne, you should be able to screen share when it is your turn, we have enabled it on our end.

Gonzales, Jorge, DOH

9:23 AM

Danielle, I received your document and will have it ready when your time comes up to speak

Gregory Evans

9:25 AM

back to radio days.

Gregory Evans

9:27 AM

@Todd. can you top line OPEN's mission statement?

G-Ian.Dunn

9:28 AM

Adrianne Wilson-Poe

if you want to try to email it to medical.psilocybin@doh.nm.gov

Gregory Evans

9:30 AM

is there a pe-publish for review on that inital paper? if not would love the context if we you can touch on that.

Gregory Evans

9:57 AM

How is Oregon handling the dosage protocols for pain management. is there a use case where mid range doses are self administered?

Eileen Brewer

9:58 AM

There is good evidence for psilocybin and cluster headache and psilocybin and migraine

Gregory Evans

9:58 AM

#facts

Eileen Brewer

9:59 AM

There are also many people doing studies on things like fibromyalgia, low back pain, and phantom limb. Theer's also foundational research on about 20 other pain conditions

Danielle Leonard LMHC

10:03 AM

Thank you so much

Brown, James

10:16 AM

Awesome job!!
Just wanted to remind everyone that if you would like to participate an any of the workgroups we would love your participation and help. Everyone is welcome.

Hána Rose - BSW Student & Curandera

10:17 AM

May I suggest using the nonviolent communication (NVC) model of feelings and needs when capturing client information? For example, in this model, respect is a need. Alignment with this model would look like this: Did you feel safe, comfortable, and secure during your treatment? Were your needs for respect, presence, care, and compassion met during your session?

Danielle Leonard LMHC

10:24 AM

Yes, thank you

Todd Korthuis

10:26 AM

Data feedback is crucial: OPEN plans to begin providing aggregate (can't identify clients) summaries of safety and outcomes to facilitators/service centers to support their ongoing quality improvement efforts. This was a direct response to community feedback.

Eileen Brewer

10:27 AM

Not only that, but it's super time consuming and that increases costs, which is the main reason that most of that data we have is from wealthy white people

Todd Korthuis

10:32 AM

We're also getting ready to publish results from qualitative interviews about integration: Clients report that answering research questions were on opportunity for further reflection and integration.

Gonzales, Jorge, DOH

10:33 AM

Unknown User6/12/2026 10:32 AM

We're also getting ready to publish results from qualitative interviews about integration: Clients report that answering research questions were on opportunity for further reflection and integration.

Thank you, where will folks be able to find this report?

Adrianne Wilson-Poe

10:36 AM

"To change or improve myself" is the 2nd most common reason people in our study report as the reason for engaging in services. "Curiosity" is the top reason.

Todd Korthuis

10:36 AM

Will circulate when published. We're not quite ready, yet (analysis is ongoing), but I'm sure the lead author would be willing to present preliminary results prior to publication at a later point in time.

Adrianne Wilson-Poe

10:40 AM

Folks, thank you kindly for the invitation to join you today, I need to transition to other responsibilities. Wonderful questions and conversation today!

Eileen Brewer

10:40 AM

Wouldn't a narrative of experience be a client burden? I recognize that this isn't part of this document and discussion, but something that was brought up as a gap. Obviously those qualitative experiences would be valuable though.

Danielle Leonard LMHC

10:43 AM

You are welcome

Gregory Evans

10:43 AM

hey! we did a vote!

Gregory Evans

10:43 AM

lol

Danielle Leonard LMHC

10:43 AM

daniellelouiseleonard@gmail.com I look forward to hearing from you.

Gregory Evans

10:44 AM

gregory.l.evans@gmail.com

Mouchet, Jonathan, DOH

10:45 AM

Here is a link where you can find upcoming meetings:

Psilocybin Advisory Board

Brown, James

10:46 AM

Jnbrown400@comcast.net

Gonzales, Jorge, DOH

10:46 AM

How to submit written public comments:

- Please send written public comment to the program email at: medical.psilocybin@doh.nm.gov and include the committee's name in the subject line.
- If referencing documents from other sources/websites:
    - Do not include the document, only a working - accessible hyperlink;
    - Documents must be sent with context provided (i.e. do not simply send a research article);
- The comment must relate to the topics discussed in the meeting.
- Documents are limited to no more than 3 pages (letter size) in length and must be in 10-point font or larger.
- Please remember to include your full, legal name and any organizational affiliations you may be representing (if any) on the documents.
- To be included, please send your comment by 5:00 PM the business day after the meeting.

Skye Rivers

10:47 AM

Thank you all for a great meeting! Once again. Wonderful work!

Mouchet, Jonathan, DOH stopped recording.

Meeting ended: at 10:56 AM after 2 hours 8 minutes 4 seconds, Medical Psilocybin - Research and Continuous Improvement Committee 6/12/26, Friday, June 12, 2026 9:00 AM - 11:00 AM

Public Comments

Hello!

I would like these comments to be included in the minutes from Friday's meeting.

Respectfully,

Anne Metz, PhD LPC

Fluence Training NMF Director

NMIT Facilitator, CO

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Public Comment — New Mexico Medical Psilocybin Program

Draft Training Requirements (June 12, 2026)

Submitted by: Anne Metz, PhD, LPC

Director, Colorado Natural Medicine Facilitation Program, Fluence Training

Licensed Clinical Facilitator, State of Colorado

Licensed Professional Counselor, State of New Mexico

I am a Licensed Professional Counselor in New Mexico, a Taos County resident, a licensed clinical facilitator in Colorado, and the Director of a state-approved psilocybin facilitator training program. I hold licensure as an LPC in New Mexico, Colorado, Virginia, Oregon, and California, and a Clinical Natural Medicine Facilitator license in Colorado. I have a doctoral degree in counseling and have worked in behavioral health for over two decades. I have a direct professional and personal stake in the development of New Mexico's medical

psilocybin program and submit these comments in that capacity. I submit these comments as a licensed clinical facilitator in Colorado, Director of a state-approved facilitator training program, and a licensed clinician in New Mexico who intended to pursue licensure under the state's new medical psilocybin program. After reviewing the June 12, 2026 draft training requirements, I have serious concerns about the program's viability — for patients, for prospective practitioners, and for training programs that might otherwise serve New Mexico.

I will address my concerns under four headings: (1) the Diagnostic Clinician permit requirements; (2) practicum feasibility and cost; (3) the absence of licensure reciprocity; and (4) the practical implications for training program participation.

1. Diagnostic Clinician Permit Requirements Create an Unnecessary Access Barrier

The draft requires Diagnostic Clinicians to hold both a New Mexico Controlled Substance number and a current New Mexico license permitting diagnosis within scope of practice. This effectively limits the role to prescribers — physicians, psychiatrists, and advanced practice nurses with DEA registration.

In practice, providers who hold DEA registration have elected not to participate in Colorado's program precisely because prescribing or recommending a Schedule I substance outside of an approved clinical trial puts their DEA license at risk. The result in Colorado has been a significant shortage of willing evaluating clinicians, not an abundance of them. New Mexico's proposed requirements will produce the same outcome: a bottleneck at the very first step of patient access, created by a credentialing requirement that the provider community most targeted by it has strong professional and legal reasons to avoid.

Under the Medical Psilocybin Act, eligibility is predicated on having a qualifying condition. The ability to diagnose that condition should be the only gatekeeping function of this role. Adding DEA licensure, program-specific training, and annual CEU requirements above and beyond existing scope-of-practice requirements will deter participation and concentrate access among those who can afford boutique evaluation services.

It is worth noting that Colorado does not require a prescription or DEA involvement to access psilocybin services, and that state has not seen the emergence of predatory evaluation markets as a result. New Mexico's proposed structure — which effectively requires prescriber gatekeeping — introduces that risk. When legitimate prescribers decline to participate due to DEA license concerns, the gap tends to be filled by high-volume, low-quality telehealth operations charging several hundred dollars per evaluation with little clinical grounding in the patient's actual condition or treatment context. This is a documented pattern in other state medical programs that have required prescriber involvement as a condition of access. New Mexico should not replicate it.

2. Practicum Requirements Are Infeasible in New Mexico and Prohibitively Expensive

The draft requires 100 hours of supervised practice for Facilitators and 120 hours for Practitioners. These thresholds are substantially higher than those in Oregon or Colorado and will be nearly impossible to complete within New Mexico.

The core problem is structural: New Mexico's program requires that all patients have a qualifying condition, including those seen during training practicums. This rules out the peer-session model used successfully in other states, where trainees practice with each other or with volunteer participants. As a result, New Mexico students will need to complete practicums at licensed healing centers in states like Colorado or Oregon.

That is not a realistic pipeline. Colorado healing centers are currently seeing approximately two to three patients per month due to the regulatory and cost burden of operating under a licensed framework. To illustrate the timeline problem: one of the most active Colorado practitioners sees roughly one psilocybin client per month. A student needing to complete six individual sessions and two group sessions with that supervisor would require more than a year at that site alone — before meeting any of the remaining practicum criteria.

The estimated cost to a student of completing an out-of-state practicum of this scale is as follows:

• Program practicum fees: Colorado programs currently charge approximately $3,000 for 40 hours of supervised practicum. Scaling to 100–120 hours at that rate yields $7,500–$9,000 in fees alone.

• Travel and lodging: Completing a practicum over multiple trips or an extended stay in Colorado or Oregon would add $2,000–$5,000 or more in travel, housing, and per diem costs.

• Lost income: Extended time away from home for practicum completion represents additional opportunity cost, particularly for working clinicians.

• Estimated total per student: $10,000–$15,000 or more, before accounting for any didactic training costs.

No training program can build a sustainable New Mexico practicum infrastructure on this model. The patient volume does not exist in-state to support it, and the cost of directing students out of state makes program economics unworkable. Established training programs with Colorado or Oregon approval will have little incentive to seek New Mexico approval under these conditions.

3. The Absence of Licensure Reciprocity Is a Critical Gap

I understand that an earlier draft of these rules included a reciprocity clause. The current draft does not. This omission, combined with the practicum requirements described above, means that New Mexico residents who have obtained licensure as clinical facilitators or practitioners in Colorado or Oregon — and who have already completed

rigorous, state-approved training — would be required to repeat a full practicum in order to practice in their home state.

This is an unreasonable requirement. Oregon and Colorado have established regulatory frameworks with comparable safety standards. A practitioner who has completed a state-approved training program and accumulated supervised clinical hours in those states has already demonstrated the competencies this program is designed to ensure.

I would strongly urge the Department to distinguish between educational reciprocity and licensure reciprocity. Educational reciprocity alone — recognizing prior didactic training — is insufficient if practitioners must still complete a full 100–120 hour practicum under New Mexico supervision. Given the patient volume constraints described above, this could take a year or longer to complete even for experienced facilitators actively working in other states.

Licensure reciprocity — full recognition of a current, valid facilitator or practitioner license from Colorado or Oregon — is the appropriate mechanism. It is how New Mexico handles professional licensure in virtually every other healthcare field and should apply here.

4. Personal Implications and Statement of Intent

I am a licensed professional counselor in New Mexico and a licensed clinical facilitator in Colorado. I have completed state-approved training, am actively working with clients through a licensed Colorado healing center, and direct a Colorado-approved facilitator training program. I had every intention of pursuing licensure in New Mexico and working with patients here.

Based on the current draft requirements, I will not pursue New Mexico licensure at this time. The combination of practicum hours that cannot practically be completed in-state, the absence of a pathway for experienced facilitators to receive licensure reciprocity, and the diagnostic clinician bottleneck make participation untenable. I intend to continue seeing clients under Colorado's regulated program and will revisit New Mexico licensure if and when a workable reciprocity pathway is established, or when the federal landscape changes following any potential FDA approval.

I raise this not as an individual complaint but as a signal about workforce supply. New Mexico residents who pursued licensure in Colorado or Oregon — often specifically because their home state had no program yet — are a natural first cohort of practitioners for this program. If they cannot enter the New Mexico program without repeating a practicum that takes a year or more to complete at current Colorado patient volumes,

the state will face a significant provider shortage at the time patients first become eligible — a timeline the Department has indicated may be as early as December 2026.

Summary of Recommendations

• Diagnostic Clinician: Remove the DEA/Controlled Substance number requirement. Limit the role to licensed practitioners with diagnosing authority within their scope of practice, without requiring additional program-specific permits.

• Practicum hours: Reduce to align with Oregon and Colorado models, or allow a portion to be completed in simulation or supervised non-patient contexts until in-state patient volume supports full practicum completion.

• Licensure reciprocity: Establish a pathway for full licensure reciprocity for individuals holding a current, valid facilitator or practitioner license from Colorado or Oregon, without requiring repetition of a practicum.

• Training program viability: Consult with existing approved programs in Colorado and Oregon before finalizing practicum requirements. The current draft creates a cost structure that will deter established programs from seeking New Mexico approval.

I appreciate the Department's work on these rules and remain willing to provide additional input, particularly as someone with direct operational experience running a state-approved training program and providing facilitated sessions under a licensed regulatory framework.

Respectfully submitted,

Anne Metz, PhD, LPC

Director, Colorado Natural Medicine Facilitation Program, Fluence Training

Licensed Clinical Facilitator, Colorado

Licensed Professional Counselor, New Mexico

annemetz.com