Training and Education Committee Meeting Minutes & Chat 7/17/2026

Location: Microsoft Teams

Date: 7/17/26

Time: 1:00pm

Organizers: Jonathan Mouchet, DOH; Jorge Gonzales, DOH; Dominick Zurlo, DOH; Katy Freytag, DOH; Cyrus Rautman, DOH; Brenda V Martinez, DOH; Brenda Burgard, TAE committee chair; Raymond Gallegos, DOH; Vicente Roybal, DOH; Celina Montoya, DOH; Robert Truckner, DOH; DeAnza Aragon, DOH

Attendees: Catherine Sanchez, Larry Leeman, Chris Peskuski, Kate Hawke, JoEllen Schimmels, Jim Dodson, Anne Metz, Denali Wilson, Don Moser, Gregory Evans, Paul Walton, Lida Fatemi, Christine Caldwell, Wenoah Veikley, Jeff Steinborn, Dan Jennings, Hanifa Nayo Washington, Catherine Warnock, Jason Brooks, Ian Dunn, Reuben Sutter, Erika Gergerich, Lisa Ginzburg, Skye Rivers, Vanessa Cruz, DezBaa', Trina Zahller, Lisa Ginzburg, Charles Austin, Reuben Sutter, Lori Healy, Jeff Steinborn, Megan Finno-Velasquez, Hanifa Nayo Washington, Jenn Clemente, Jessica Eden, Maxcine Tomlinson, Leah Morton, Sonya Shin, Eileen Brewer, Rose Franco

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 started the meeting at 1:01pm and turned things over to Brenda for introductions:

- Kate Hawke, Santa Fe, TAE committee member
- Larry Leeman, advisory board member
- Chris Peskuski, advisory board member and veteran
- Don Moser, Las Vegas, NM
- Hanifa Nayo, PHMA
- Lida Fatemi, Conscious Physicians Psychedelics Academy
- Ellen Schimmels, Psychiatric mental health nurse practitioner

- Gregory Evans, independent researcher
- Anne Metz, Clinical Facilitator
- Ian Dunn, advisory board chair
- Jim Dodson, patient advocate
- Paul Walton, FFPM

Brenda then introduced the agenda for today's meeting

2. Guest Speaker: Anne Metz, Clinical Facilitator

Anne Metz introduced her credentials and disclosed no conflicts of interest with the New Mexico program. She offered four recommendations to the NM program:

1. Retitle "Practitioner" as "Licensed Provider"
2. A single didactic standard: 84 hours
3. Scaffolded practicum with a training permit
4. Consultation sign-off tied to case presentations

Discussion followed on the importance of working with complex conditions and cases prior to receiving full certification.

3. Training & Practicum Hours Discussion

Brenda opened the meeting to public comment and discussion on didactic training and practicum requirements. Questions arose regarding a trainee license (as exists in CO). Dominick answered that registered students may be able to function in the same capacity for many purposes of the program.

4. Deliverables and next meeting date

Dominick emphasized the importance of returning specific recommendations to the department soon if they were to be included on the draft rules. Next meeting was set for August 21st at 9:00am. Dominick and Brenda adjourned the meeting at 3:05pm.

Chat

Meeting started at Friday 12:48 PM

Mouchet, Jonathan, DOH started recording.

Gregory Evans

Friday 1:03 PM

looks like Larry, Chris and Brenda from the board.

Chris Peskuski

Friday 1:03 PM

Hello everyone. Chris Peskuski advisory board member, advocate and veteran.

Don Moser

Friday 1:04 PM

Don Moser, Las Vegas, NM. Glad to be here.

Hanifa Nayo

Friday 1:04 PM

Hanifa Nayo- PMHA ALLIANCE

Dr Lida Fatemi

Friday 1:04 PM

Dr Lida Fatemi founder of Conscious Physicians Psychedelics Academy

Ellen Schimmels

Friday 1:04 PM

Hello everyone. Ellen Schimmels. Psychiatric mental health nurse practitioner, Army veteran, and Clinical Professor at Emory University living in Albuquerque, NM. Educator and advocate.

Gregory Evans

Friday 1:05 PM

from the committee I'm present.

Gregory Evans.

independent researcher and gatherer of information.

Metz, Anne

Friday 1:05 PM

Anne Metz - Clinical Facilitator, CO, Taos Co Resident, Director Fluence Training program, CO,

G-Ian.Dunn

Friday 1:06 PM

Hi everyone sorry for joining late.

Jim Dodson

Friday 1:06 PM

patient advocate

Paul Walton - FFPM

Friday 1:06 PM

Paul Walton with Firefighters for Plant Medicine

Gonzales, Jorge, DOH

Friday 1:06 PM

Reminder:

This meeting is being recorded

Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

Gonzales, Jorge, DOH

Friday 1:07 PM

<u>Training and Education Agenda</u>

Guest speaker: Anne Metz

Topics for Discussion:

· Practicum and didactic hour requirements for reciprocity and full program (need consensus)

Example: Reciprocity needs fewer didactic requirements and a 20-hour practicum. Full program with more didactic requirements and equal or more practicum.

- 50 Didactic hours

    - core curriculum + state modules
- 40 Practicum hours
    - experiential with the medicine
    - practicing with other professionals
    - Similar to the CO requirement
- 80 Supervised Practice hours
    - working with clients under supervision
    - This currently does not exist in other states; instead, they require more didactic hours
    - Adding this option provides a deeper, more robust learning experience

Suggestion: Use existing program modules from existing education programs (cherry pick) to save time, reduce redundancy, and edit inapplicable information that is not part of the New Mexico module competencies.

Questions?

What gaps have not been identified or addressed in education and training?

- · **Core Competencies**: any addressing needs.
- · **Modular on dosing.**
- **Study materials for classes**: literature, data, journals, online learning and testing programs, etc. Cost?

Reciprocity

· When will the New Mexico Modules be available for reciprocity?

· Addressing specialties – End of Life Care, addiction, ceremonial native practices- pastor/spiritual, medical specialties (pain), etc., adjunct to their professions.

Paul Walton - FFPM

Friday 1:08 PM

Hi All, Amy Wong-Hope could not be here but asked if I could make this comment:

Paul Walton - FFPM

Friday 1:08 PM

Thank you for the opportunity to offer my perspective on what should define a credible psilocybin facilitator training program.

First, the curriculum must be clinically and trauma informed. Facilitators need sufficient knowledge of trauma, dissociation, psychiatric risk, grief, medical concerns, substance use, and the populations they may serve—including people experiencing depression, PTSD, substance-use concerns, serious illness, and end-of-life distress. They must be able to recognize complexity and individual vulnerability, understand the limits of their scope, and know when to consult, refer, pause, or decline to proceed.

Second, ethics must be woven throughout the program, not confined to a single module. Students should repeatedly engage with consent, power, touch, boundaries, dual relationships, cultural humility, conflicts of interest, and heightened suggestibility. Ethical competence means being able to perceive risk, tolerate uncertainty, seek consultation, receive feedback, and repair harm. It is an ongoing practice.

Third, programs need a meaningful practicum. Students should be observed practicing preparation, screening, difficult conversations, boundary setting, crisis response, facilitation, and integration. Competence should be demonstrated through supervised experience, not assumed from attendance or written assignments. Periodic practicum-based competency review—at some regular interval?—could help facilitators keep these skills active.

Fourth, admissions and evaluation should assess interpersonal maturity, emotional regulation, self-awareness, self-reflective accountability, and the capacity to receive and integrate feedback. Facilitators should also participate in ongoing consultation or peer-consultation groups. These practices demonstrate readiness to hold responsibility for vulnerable people.

Ultimately, safety is not merely a protocol surrounding the intervention. Safety is an essential ingredient in the intervention itself. A strong program prepares facilitators

to bring sound judgment, accountability, humility, and respect for the full personhood of every participant.

Ellen Schimmels

Friday 1:18 PM

Yes, thank you. The burden lands on the patients.

Brenda Burgard

Friday 1:18 PM

Thank you Amy

G-Ian.Dunn

Friday 1:27 PM

Just a clarification: approving new qualifying conditions (like major depressive disorder) would not require new legislation. The board may recommend new qualifying conditions for the Secretary's approval (assuming there is sufficient evidence).

Paul Walton - FFPM

Friday 1:30 PM

Thanks Anne, great presentation!

Denali Wilson

Friday 1:30 PM

Thanks, Anne Great proposal.

Dr Lida Fatemi

Friday 1:31 PM

agreed!

Metz, Anne

Friday 1:31 PM

Jorge - might I be able to get out of presenter mode

Metz, Anne

Friday 1:33 PM

Sorry - I fell off the meeting here. Happy to answer questions!

Dr Lida Fatemi

Friday 1:34 PM

The first trimester in CPPA is didactic and personal discovery and trauma processing, then we go into practicum, then we go back into didactics

VANESSA C.

Friday 1:34 PM

I've been working in EOL for +20 years…one EOL session (live) does not seem enough to truly understand this complex time.

Metz, Anne

Friday 1:38 PM

Prep and Integration would be covered in the treatment models and the core skills and ethics section.

Lisa Ginzburg

Friday 1:40 PM

i'd love to see a module for prescribers as well

Ellen Schimmels

Friday 1:44 PM

Anne included "well participants" in her suggestions as a peer support or retreat style and that is experiential was my understanding.

Metz, Anne

Friday 1:55 PM

Larry!

Jim Dodson

Friday 1:56 PM

I am a patient who experienced a succesfull outcome from this program four years ago, by choosing the "bring your own journey" option. When my psychiatraist said I was "treatment resistant," it felt like a death sentence.

I asked if the psychedelic treatment successes I was hearing about were worth taking the risk? Absolutely, I was told, although I would need to go it alone because it was illegal then, as it remains now.

Ten years of PTSD was worth the risk to me and I am grateful my psychiatrist had the courage to be so honest with me.

Knowing the medicine to have a trustworthy safety profile, I was encouraged to meet the mushroom alone, in the safety and comfort of my own home.

I returned to my psychiatrist in the following months and finally I was "treatment receptive." I spent the next two years in therapy, on the journey to Indivuation that became transformative, giving me a new life of wholeness.

The consumption of the medicine is a private, intimate dance into the unknown. My psychiatrist told me the brain hates uncertainty. Facing it alone in life is far harder than facing it alone with the mushroom. The lessons learned are inner directed where no "facilator" can go. There is no reason to expect any adverse events that threaten life.

All the puffed up training expenses for therapists who pass those costs on to patients like me is why these programs are failing in OR and CO. Only rich white patients are able to participate.

Please allow the patient to choose the "bring your own journey" option.

I do not want an audience. Nor do I want to pay for unnecessary upgrades. I am not a commodity for a new business model. I need healing to survive. Please respect my privacy in this matter.

If other patients choose to pay for someone to hold their hand and they can afford it, so be it. But old men like me who can not afford to pay will be left out in New Mexico. That would make me a fluke. I believe the first year of this program should serve those who cannot pay. That would get notice and set the bar.

I continue my relaionship with my psychiatrist, who is an avid participant in this process. Practitioners are highly valuable, after the consumption. But not so much during it.

Gregory Evans

Friday 1:57 PM

regarding well participants, I think we could write this into the recomendation to create a platform for program development, and build in space for those well hours to be skipped for reseprocity experience during our ramp up for legacy practitioners.

need to be clear aobout setting the education standard vs mitigated pathways for the "ready" workforce to be stood up quickly.

Denali Wilson

Friday 1:58 PM

DOH has recommended CE requirements in their draft rules right now - I don't remember the amounts.

Gregory Evans

Friday 2:14 PM

CE summary

Certifying clinician

8 hrs / 2 yr

Facilitator

20 hrs / 2 yr

Practitioner

20 hrs / 2 yr

Metz, Anne

Friday 2:16 PM

NM hasn't adopted the nondirective approach of CO & OR. It is a TREATMENT for condition X.

Gregory Evans

Friday 2:18 PM

Just to be clear because I hear the word being used but there is not a medical prescription in this program. I would like to invite the committee to reinforce this language and the specificity behind this.

Denali Wilson

Friday 2:19 PM

Thanks Dominick! That's helpful. Yes - I think we can work in the registered student piece. I can work on recommended language for incorporating them as one of two people required to be present.

Dr Lida Fatemi

Friday 2:25 PM

Thank you all for your hard work and care. We're so fortunate to be in New Mexico - what an honor to serve our local community. Take good care and have a lovely weekend

Jim Dodson

Friday 2:32 PM

Thank you.

Jim Dodson

Friday 2:38 PM

trainers feed off therapists who pass it all on to patients . . . none of it is affordable . . . or needed - if the patient trusts their psychiatriast, that is all that is needed.

DezBaa'

Friday 2:39 PM

muy mic

Lawrence M Leeman

Friday 2:43 PM

Agree with DezBaa' that we should have legacy pathway

Chris Peskuski

Friday 2:44 PM

So do I!

Gregory Evans

Friday 2:44 PM

I feel like if there were a psychedellic university with majors and specialized learning platforms when i was coming of age, I may have chosen that path rather than managing my own learning. What we are building here, right now is a pathway for the next generation to learn from the the established knowlege base where it becomes embraced rather than having to be lost in the shadows.

Jim Dodson

Friday 2:44 PM

Yes, DezBaa'. Bury the medical model if it does not respect the patient. Let it fail.

Jim Dodson

Friday 2:47 PM

how many like me have passed-on in the last four years waiting for help that never comes

Chris Peskuski

Friday 2:49 PM

Don’t skip me Brenda. LOL

Gregory Evans

Friday 2:54 PM

Chris Peskuski

like true New Mexicans.

Jim Dodson

Friday 2:55 PM

the legacy model has history while the medical model is built for profit and itemization

Lawrence M Leeman

Friday 2:55 PM

beautiful progress team

Jim Dodson

Friday 2:56 PM

patients are ignored routinely

Jim Dodson

Friday 2:56 PM

we are all use d to it

Gregory Evans

Friday 2:57 PM

Hey Jim.

lets sit down and talk.

please send me an email -- gregory.L.evans@gmail.com

I have many thoughts about both sides and would love to share and listen.

Gregory Evans

Friday 2:57 PM

^^ zero affiliation with the program or DOH or whatever

Denali Wilson

Friday 2:59 PM

Thanks Dominick. Is there a goal the Department has in mind for a deadline to publish for rulemaking?

Gregory Evans

Friday 2:59 PM

Jeff

Friday 2:59 PM

Thanks Jim. I really appreciate you sharing your story. NM will have a great fund to help lower income NM's get treatment.

Jim Dodson

Friday 2:59 PM

you can ban me if you choose

G-Ian.Dunn

Friday 3:02 PM

I don't want to 'ban' you. I see excitement, and passion and want to make sure you take it to the proper forum so you can be heard by the people who can solve the problems you are addressing.

Gonzales, Jorge, DOH

Friday 3:02 PM

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.

Chris Peskuski

Friday 3:02 PM

Thank you all!

Jim Dodson

Friday 3:03 PM

I applied to be on the advosory board. And was ignored.

G-Ian.Dunn

Friday 3:03 PM

Thanks everyone for your time!

Paul Walton - FFPM

Friday 3:03 PM

Thanks everyone for your thoughts and work. Have a wonderful weekend!

Don Moser

Friday 3:04 PM

Thanks

Mouchet, Jonathan, DOH stopped recording.