From: Danielle Leonard
To: Clark, Jacob, DOH
Subject: [EXTERNAL] Supplemental public comment on proposed rule 7.35.3 NMAC – Danielle Leonard, LMHC
Date: Saturday, September 26, 2026 2:11:31 PM

To the New Mexico Department of Health
Re: Supplemental public comment on proposed rule 7.35.3 NMAC, hearing of October 2, 2026

I am a licensed mental health counselor in Santa Fe, and this supplements my earlier comment. I want to express my support for three parts of the proposed rule and ask the department to keep them in the final rule.

Licensed therapists as practitioners, 7.35.3.9(E) and 7.35.3.18(C). As a counselor, I know how much care it takes to work with people living with treatment-resistant depression, PTSD, and substance use. These are the clients this program is meant to help, and they deserve clinicians who are trained to hold what comes up. Psilocybin sessions can bring trauma and grief to the surface, and much of the real work happens in the weeks of preparation and integration around a session. I'm glad the rule places that work with licensed therapists, who are trained to recognize risk, respond to crises, and plan care over time, and who are accountable to a licensing board and a code of ethics.

I also want to honor the facilitators and elders whose knowledge, care, and courage helped make this program possible. Many of them have deep experience that no training program can replace. I value the role the rule gives facilitators alongside practitioners, and I support the provisions that recognize existing experience, including the option to demonstrate competency through module evaluations and the department's ability to waive requirements where appropriate. I hope the department will continue to look for ways to draw on the wisdom of this community as the program grows.

Practicum standards, 7.35.3.19. No amount of classroom learning fully prepares you to sit with someone in a non-ordinary state. I appreciate that the practicum requires experience with many different patients, in individual and group sessions, and across the qualifying conditions. I especially like that students begin with lower-risk patients, so they can build their skills gradually, and that they present cases to a supervisor before completing the practicum. That is how clinical skill is built in every other part of mental health practice, and I think it makes sense to have it here too.

Post-graduation mentoring, 7.35.3.17(A). Some of my most important learning has come through supervision and consultation, and I have always experienced it as a support rather than a hindrance. Every new clinician meets situations they didn't expect, and having someone experienced to talk them through with makes all the difference, both for the clinician and for the people they serve. I'm glad to see the rule build in at least 10 hours of mentoring after graduation, at no extra cost. Because psilocybin therapy draws on two kinds of expertise, experience with psychedelic states, much of it held by facilitators and elders, and clinical training in mental health, I would encourage the department to ensure that mentoring draws on

both, so new practitioners can learn from each. I also hope the department will look for ways to support ongoing consultation as the program grows.

Together, these provisions mean that New Mexicans in this program will be cared for by clinicians who are well trained, well supported, and accountable. Thank you for the care that has gone into this rule.

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