

To Whom It May Concern,

02/03/2026

I am a Social Work Associate working in the criminal justice system. Prior to this position I spent 10 years in community mental health as a QMHA and then QMHP/CSWA when I graduated with my MSW.

LCSW/CSWA, LPC and LMFT, while able to fulfill similar roles and responsibilities in the mental health field we address and confront mental health from varied frames of reference and ethics. And it is this variety of practice and specialization that ensures that each individual we work with is able to get their specific needs met. It is important that when in the associate stage of licensing that social workers are supported by peer social workers whose values, ethics and practice are in alignment. I do see the value that a LPC or LMFT may bring in clinical practice for social workers who may want to expand their direct therapeutic or clinical experience and knowledge base. However, the potential for confusion stemming from different frames of reference and clinical expertise may cause confusion and a disruption in the educations of associate social workers.

I appreciate that our professionals are a limited resource and attempting to streamline supervision and oversight by increasing the supervisory pool and decreasing what may appear to be superfluous operations and staffing may appear to be indicated but I wonder if there may have long term consequences for how we practice and our service population that have not been considered by legislators.

I am ultimately choosing a neutral stance on this bill due to my lack of comprehensive understanding and limited time to deeply review HB4083. I believe more research, time and energy may be needed to make the best and most informed decision for our mental health professionals and services users moving forward.

Respectfully,

*K. Leonardi, CSWA*

Kathryn K. Leonardi, CSWA- A16830