**Los Angeles Unified School District**

INTER-OFFICE CORRESPONDENCE

TO: Principals

RE: PURCHASE OF SUPPORT SERVICES PERSONNEL – PSYCHIATRIC SOCIAL WORKER

Budget Planning is now taking place for Fiscal Year 2019-20. Your school has the option of purchasing a **PSYCHIATRIC SOCIAL WORKER** as Support Services Personnel**.** Categorically funded positions must provide support to identified at-risk students and English Learners based on data described in the Single Plan for Student Achievement. In addition, all positions funded with categorical resources are subject to federal and state time-reporting requirements. Schools must maintain a monthly Personnel Activity Report, if any part of the assignment is funded with compensatory education funds. **All school purchases must be reflected in the budget system during budget development**. Schools have the opportunity to purchase support services in the new year on a first come first serve basis***.*** Please inform us of your school’s intent to purchase Psychiatric Social Worker time by completing this form. ***Purchases may not be canceled after Budget Development.***

**Estimated cost for a PSYCHIATRIC SOCIAL WORKER. Cost does not reflect UTLA Salary increase.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item****No.** | **Position** | **Basis** | **5 Days****(1.0 fte)** | **4 Days****(0.8 fte)** | **3 Days****(0.6 fte)** | **2 Days****(0.4 fte)** | **1 Day****(0.2 fte)** | **1/2 Day****(0.1 fte)** |
| 12119 | Itin Psych Social Worker (33D-5)12200569 | **A** | $ 150,219 | Must be purchased full time (5 days) |
| 12105 | Itin Psych Social Worker (33D-5)12200569 | **B** | $ 130,084 | Must be purchased full time (5 days) |
| 13114 | Itin Psych Social Worker (33D-5)12200569 | **C** | $121,527 | $ 97,222 | $ 72,916 | $ 48,611 | $ 24,305 | $ 12,153 |
| 12117 | Itin Psych Social Worker (33D-5)12200569 | E | $ 136,627 | Must be purchased full time (5 days) |
| 11072 | Itin Psych Social Worker X-Time (weekly)\* |  | $2,520 |  |

\* X-Time prior to the beginning of the school year may not be funded with compensatory education funds.

\* Use Budget Item Number when processing budget adjustments.

**FUNDING OPTIONS AND REQUIREMENTS:**

Your school may purchase additional Psychiatric Social Worker time from school-based budget programs. Purchases **other than C Basis** must be full time (5 days a week).

***Budget Planning Programs*** – The most common school-based budget programs for Budget Planning are listed in Table 1 below. Purchases from these programs must be included on your School Budget Signature Form. Minimum purchase is ½ day per categorical program.\*\*

Table 1 – Budget Planning Programs (\*\*minimum purchase is ½ day per categorical program)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Code** | **Program Name** |  | **Program Code** | **Program Name** |
| 10359 | TSP-Settlement |  | 13027 | General Fund School Program |
| 10397 | TSP – Per Pupil Schools |  | 13723 | Chrtr Sch Categorical Blk Grant |
| 10446 | A-G Intervention & Credit Recovery |  | 7S046**\*\*** | CE-NCLB T1 Schools |
| 10552 | TSP-Student Equity Needs Index |  |  |  |
|  |  |  |  |  |

 **(\*\*allowable to purchase is C Basis only)**

For questions regarding any of the information provided above, please contact your Local District School Mental Health Field Coordinator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LD** | **Coordinator** | **Telephone** | **Email** | **Fax No.** |
| Northwest | Elena Jimenez | (818) 654-3652 | elena.jimenez@lausd.net  | (818) 881-6728 |
| Northeast | Martha Marquez | (818) 252-5417 | martha.marquez@lausd.net | (818) 252-5487 |
| South | Karen Wallace | (310) 354-3478 | karen.wallace@lausd.net | (310) 527-7763 |
| West | Kezia Miller | (310) 914-2182 | kezia.miller@lausd.net | (310) 759-2697 |
| East | Lorena Valencia | (323) 224-3363 | lxv9321@lausd.net | (323) 224-3393 |
| Central | Maria Chua | (213) 241-2612 | maria.chua@lausd.net | (213) 241-3305 |

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School Name Location Code

is purchasing a **PSYCHIATRIC SOCIAL WORKER** as follows:

Requested Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  New Position:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Program |  |  |  |  |  |
| Number of Days |  |  |  |  |  |
| Cost |  |  |  |  |  |
| Percent if multi-funded |  |  |  |  |  |

Total Days: \_\_\_\_\_\_\_

My signature below approves and acknowledges that the School Site Council (SSC) and applicable advisory committees agreed to purchasing/funding the above position(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Principal’s Name Principal’s Signature Date

Please mail this form no later than **March 29, 2019** to:

* *Local District School Mental Health Field Coordinator.*