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 2020-21. 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. <u>All school purchases must be reflected in the budget system</u> <u>during budget development</u>. 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.

ltem No.	Position	Basi s	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	Itinerant Psych Social Worker (33D-5) 12200569	Α	\$ 158,440	Must be purchased full time (5 days)				
12105	Itinerant Psych Social Worker (33D-5) 12200569	В	\$ 137,053	Must be purchased full time (5 days)				
13114	Itinerant Psych Social Worker (33D-5) 12200569	С	\$127,962	\$ 102,370	\$ 76,778	\$ 51,185	\$ 25,593	\$ 12,797
12117	Itinerant Psych Social Worker (33D-5) 12200569	E	\$ 144,002	Must be purchased full time (5 days)				
11072	Itinerant Psych Social Worker X-Time (weekly)*		\$2,675					

* 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.

COST does not reflect UTLA salary increase.

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. <u>Minimum purchase is ½ day per categorical program.**</u>

Table 1 – Budget Planning Programs

(**minimum purchase is ½ day per categorical program)

Program Code	Program Name	Program Code	Program Name	
10359	TSP-Settlement	10552	TSP-Student Equity Needs Index	
10371	Proportionality-Options (CDS Sec)	10553	TSP-Transitional SENI	
10397	TSP – Per Pupil Schools	11142	School Community Budget-Reg Sc	
10446	A-G Intervention & Credit Recovery	13027	General Fund School Program	
10543	TSP-Innovation-Focus School	13723	Charter Sch Categorical Blk Grant	

Revised 01/21/2020

PSYCHIATRIC SOCIAL WORKER

Program Code	Program Name	Program Code	Program Name	
13724	Charter Sch Allocation In Lieu Of EIA	7T547	School Improvement Grant C4-3	
13938	SDEP-Donations	7T691	ESSA-Comprehensive Sup & Improv	
7S046**	CE-NCLB T1 Schools	7T696	Low Performance Students Block Grant	

(**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	April Jones	(310) 914-2182	april.p.jones@lausd.net	(310) 759-2697
East	Lorena Valencia	(323) 224-3363	lxv9321@lausd.net	(323) 224-3393
Central	Myrna Reynoso Torres	(213) 241-1278	myrnareynosotorres@lausd.net	(213) 241-3305

School Name

Location Code

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

Requested Staff: ______

New Position:

Funding Program			
Number of Days			
Cost			
Percent if multi-funded			

or

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 20, 2020 to:

✓ Local District School Mental Health Field Coordinator.