Caregiver Support Programming

Step-by-Step Staffing Guide

This resource provides practical guidance for staffing a caregiver psychosocial support program across care settings. It draws on best practices from established caregiver support programs and includes guidance on productivity expectations and other operational considerations.

1. Baseline Staffing Needs: Start-Up Phase

For organizations new to caregiver psychosocial support programming, the goal is to **start small but maintain capacity for growth**. A lean, core team can meet the initial needs while establishing workflows, demonstrating outcomes, and optimizing billing processes.

Minimum recommended start-up staffing:

Role	FTE	Key Responsibilities	Weekly Visit Targets
Mental Health Professional who can bill for services (e.g., clinical psychologist)	0.5	Conduct psychiatric diagnostic evaluations; provide follow-up psychotherapy sessions; document and bill for services	4 diagnostic sessions + 15 psychotherapy sessions
Medical Professional with prescribing abilities (e.g., psychiatrist or psychiatric nurse practitioner)	0.25	Conduct psychiatric diagnostic evaluations with medical evaluations; provide follow-up medication management sessions or medication and psychotherapy sessions; document and bill for services	3 diagnostic sessions + 9 follow-up visits
Clinic Administrator / Coordinator	0.25	Initial intake of referred caregivers; confirmation of insurance coverage; support visit scheduling; coordinate outbound referrals; and manage EHR and other systems	N/A

Tip: While it is ideal for the clinic administrator to have a master's degree in psychology or counseling, on-the-job training can be effective if prior experience is limited.

2. Fully-Functioning Staffing Model

Once the program has demonstrated value and is nearing initial capacity, the next step is **building a sustainable, higher-capacity model**.

Ideal mature staffing model:

Role	FTE	Key Responsibilities	Weekly Visit Targets
Senior Mental Health Professional (e.g., clinical psychologist)	1.0	80% clinical care, 10% supervision/training, 10% administrative time	5-8 diagnostic sessions + 24-30 psychotherapy sessions
Additional Mental Health Professional (e.g., licensed clinical social worker, marriage and family therapist)	1.0	90% clinical care, 10% administrative time. Maintains capacity for group psychotherapy and caregiver training services	3-4 diagnostic sessions* + 28-34 psychotherapy sessions
Medical/Prescribing Professional (e.g., psychiatrist or psychiatric nurse practitioner)	0.5	90% clinical care, 10% administrative time	4-6 diagnostic sessions + 16-18 follow-up visits
Clinic Administrator / Coordinator	0.5	Screening, scheduling, referrals, insurance coordination	N/A

* Review institutional guidelines to determine who can conduct and bill for diagnostic interviews.

Additional support from trainees:

- → Externs, interns, or fellows in psychiatry, psychology, social work, and behavioral health can extend the capacity of your support program.
  - → Trainees can co-lead groups under supervision.

Consider these additional unpaid staff:

- → Caregiver navigators to provide guidance on community services
- → Peer Mentors to provide additional coaching and support

3. Additional Operational Considerations

- **Screening and Triage**: The clinic coordinator or intake clinician should use validated tools (e.g., Hospital Anxiety and Depression Scale (HADS), Structured Clinical Interview for DSM Disorders (SCID)) and collect both mental health and caregiving history.
- **Session Length & Scheduling**:
  - Diagnostic sessions: ~60 minutes
  - Psychotherapy: ~45 minutes
  - Medication management: 20-39 minutes
- **Data Tracking**: Monitor referral sources, no-show rates, service utilization, and caregiver-reported outcomes to inform relationships with organizational leaders, funders, and collaborators.
- **Community Referrals**: Have a vetted list of local resources for caregivers whose needs exceed your program's scope or whose insurance is not accepted.