THE ANCHOR PROTOCOL

A Community-Rooted Program to Address Perinatal Mood and Anxiety Disorders

AETNA Grants Proposal

Submitted by: The Doula Lab
Program Director: Ronda Smith Branch, Director of Perinatal and Women's Mental Wellness
Submission Date: December 2025
Program Launch Date: January 2026
Geographic Focus: Missouri and Illinois

I. EXECUTIVE SUMMARY

The Problem

Perinatal Mood and Anxiety Disorders (PMADs) affect 1 in 5 postpartum women in the United States, yet fewer than 15% receive treatment. In Missouri and Illinois, the gap is even wider—particularly among Black women, who experience maternal mental health crises at higher rates due to systemic racism, provider bias, and limited access to culturally-congruent care.

The barriers are well-documented:

- Access: Only 400 perinatal mental health specialists nationally; average waitlist is 6+ months.
- Cost: Mental health copays and therapy hours are unaffordable for low-income families.
- Trust: Black women report feeling dismissed, pathologized, or stereotyped by clinical providers.
- Isolation: The postpartum period coincides with reduced social contact, intensifying depression and anxiety.

The Result: Untreated PMADs cost the U.S. healthcare system $32,000 per mother-child dyad over 5 years in emergency visits, hospitalizations, and lost productivity.

The Solution

The Doula Lab is launching "The Anchor Protocol"—a clinically-rigorous, evidence-based program that deploys trained doulas to deliver Behavioral Activation (BA) therapy in the home, removing barriers of cost, transportation, and provider bias.

The Model:

- Workforce: Doulas (whom Black families already trust) trained in the SUMMIT Trial's Behavioral Activation protocol.
- Delivery: Home-based, peer support groups, and warm clinical handoffs.
- Supervision: Weekly clinical oversight by licensed LCSW.
- Outcomes: Measured reduction in PMAD symptoms, increased treatment adherence, and lower healthcare costs.

Why This Works: The SUMMIT Trial (2025) proved that non-specialist providers can deliver BA with outcomes equal to licensed therapists. We are scaling this proven model using a workforce that already exists in the communities we serve.

II. PROGRAM DESCRIPTION

The "Anchor Protocol" Framework

We structure the program using the MCH (Maternal and Child Health) Pyramid of Health Services, ensuring comprehensive, equity-focused care across three levels.

LEVEL 1: "The Nervous System" (Infrastructure & Provider Wellness)

Goal: Prevent burnout and ensure sustainable doula engagement by investing in the provider's mental health.

Components:

1. Provider Wellness Stipends: $150/month per doula for *their own* mental health support (therapy, yoga, coaching). Rationale: A dysregulated doula cannot regulate a dysregulated mother. We fund this because it is "Worthy of Well Being."
2. Certification & Professional Development: Subsidized SUMMIT/Behavioral Activation Training (2-day intensive) and PMH-C Certification pathway through Postpartum Support International (PSI).
3. Clinical Supervision Structure: Weekly group case consultation (1.5 hours) and individual supervision access for high-risk cases.

LEVEL 2: "The Heart & Hands" (Direct Clinical Care)

Goal: Deliver evidence-based PMAD treatment in homes and peer settings.

Components:

1. The "Anchor Circle" Peer Support Groups:
    - Format: Weekly group meetings (90 minutes) + drop-in option.
    - Curriculum: Somatic safety (Postpartum Body Scan), Behavioral Activation skills, values clarification.
    - Cost per participant: $0 (fully funded).
2. 1:1 Behavioral Activation Caseloads:
    - Format: In-home doula visits (5-8 sessions over 6-8 weeks).
    - Protocol: The manualized SUMMIT intervention (Activity Monitoring, Values Sort, Graded Task Assignment).
3. The "Doula Link" Protocol:
    - Doulas act as the "bridge" between family and clinical care. For clients needing therapy, the doula remains present during the first intake appointment to lower cortisol/fear response and ensure continuity.

LEVEL 3: "The Environment" (Enabling Services)

Goal: Remove the structural barriers that prevent healing (food insecurity, lack of transportation, childcare).

Components:

1. The "Worthy Fund": Direct Client Assistance for Uber Health credits, Instacart gift cards, and emergency childcare. Rationale: You cannot meditate away hunger. Social Determinants of Health are non-negotiable.
2. Community Resource Navigation: Doulas trained in MO/IL Medicaid enrollment, WIC, SNAP, and housing resources.

The Phased Rollout

Phase 1: "Soft Launch" (January – March 2026)

- Focus: Support groups + internal training.
- Deliverables: 2-3 "Anchor Circle" groups running weekly; 50+ participants screened.
- Investment: $25,000 (prorated portion of annual budget).
- Benefit for Aetna: Immediate community traction + early data.

Phase 2: "Full Throttle" (April – December 2026)

- Focus: 1:1 caseloads + expanded groups.
- Deliverables: 12-15 doulas carrying active caseloads; quarterly outcomes reporting.
- Investment: $171,000 (full annual budget).
- Benefit for Aetna: Scalable model proven in real-world conditions.

III. TARGET POPULATION & OUTCOMES

Target Population

Primary: Postpartum women (first year after birth) diagnosed or at-risk for PMADs in Missouri and Illinois. Focus on Black and Latinx communities experiencing highest disparities.
Secondary: Doulas and birth workers in these regions seeking advanced clinical certification.

Outcomes & Metrics

Clinical Outcomes:

- EPDS Score Reduction: ≥50% reduction from baseline to 6-week follow-up.
- Anxiety Symptom Reduction: ≥40% reduction on GAD-7 scale.
- Treatment Adherence: ≥85% completion of 6-8 session BA protocol.

Cost & System Outcomes:

- ER Visit Reduction: 30% reduction in ER visits for panic/anxiety.

- Hospitalization Prevention: ≥10 hospitalizations averted through early intervention.

IV. BUDGET & RESOURCE ALLOCATION

Year 1 Budget: January – December 2026

PERSONNEL

- Ronda Smith Branch (0.8 FTE Director): $68,000
- Clinical Supervisor (LCSW, 4 hrs/mo): $14,400
- Support Group Facilitators: $15,600
- Doula Specialist Pay (Pilot Caseloads): $24,000

PROVIDER WELLNESS

- Doula Wellness Stipends: $21,600 (Mental health support for 12 doulas)

TRAINING & DEVELOPMENT

- SUMMIT/BA Training (External Trainer): $6,000
- PMH-C Certification Support: $3,000

OPERATIONS & MATERIALS

- Curriculum Materials & Workbooks: $3,500
- Clinical Software & EHR: $2,400
- Office Space & Utilities: $4,200
- Insurance & Liability: $3,600

ENABLING SERVICES

- "Worthy Fund" (Client Assistance): $10,000

ADMINISTRATION & OVERHEAD

- Finance & Compliance: $8,000
- Policy & External Affairs: $5,000
- Administrative Assistant: $6,000
- Reserve Fund (5%): $7,185

TOTAL YEAR 1 INVESTMENT: $202,485

V. ORGANIZATIONAL CAPACITY & TEAM

Charity Bean, President: Visionary leader in birth equity; 15+ years experience.
Ronda Smith Branch, Director: Somatic practitioner; developer of "Worthy of Well Being" framework.
Marvella Ying, Finance: Expert in federal/private grant compliance.
Kyra Betts, Policy: Medicaid and Title V alignment expert.

VI. CLOSING STATEMENT

The Doula Lab is ready to scale evidence-based perinatal mental health care in Missouri and Illinois. We have a proven clinical model (SUMMIT Trial), a trusted workforce, and a realistic implementation plan.

Aetna's investment in this program will prevent hospitalizations, close the access gap, and address trust barriers.

We ask for a Year 1 investment of $202,485 to launch this program. The families in Missouri and Illinois are ready. The doulas are ready.

Aetna, are you ready to be part of this transformation?