

Donica has demonstrated sustained cross-functional leadership through her long-standing role as a CIHA representative and active member of the Eastern Band of Cherokee Indians (EBCI) Tribal Health Improvement Plan (THIP) Mental Health and Well-Being Priority Workgroup. As an enrolled member of the Tribe, Donica has effectively leveraged trusted community relationships to build engagement and support around the critical issue of mental health.

In this capacity, she consistently bridges clinical services, public health, community partners, and volunteer networks to advance system-level mental health and suicide-prevention initiatives. Her ability to unite internal departments with community stakeholders has strengthened collaboration, increased participation, and enhanced the cultural relevance and impact of CIHA's mental health outreach efforts.

Most notably, Donica spearheaded the planning and execution of the Darkness into Hope events in 2024 and 2025, coordinating efforts across Behavioral Health, Public Health, Community Outreach, Emergency Services, and external community stakeholders. Her leadership ensured alignment of messaging, logistics, and safety priorities while fostering broad organizational and community participation.

The 2025 event alone drew over 389 community members, reflecting strong engagement across service areas and the community at large. Through coordinated partnerships, the initiative distributed more than 300 firearm safety locks and 200 medication lockboxes, directly mitigating household safety risks. Additionally, 200 bandanas printed with four suicide prevention hotline numbers were disseminated, improving immediate access to crisis resources and reinforcing prevention messaging across departments and settings.

The event's success was further strengthened by extensive volunteer participation from multiple departments and community organizations, underscoring Donica's ability to mobilize cross-functional teams toward a shared quality and safety goal. Her work exemplifies how collaborative, system-wide engagement can translate into measurable safety outcomes and sustained community impact.

Donica has consistently relied on objective data, structured evaluation, and continuous quality-improvement methodologies to guide system-level improvements within Behavioral Health services. In her oversight of all Behavioral Health policies and procedures across outpatient, inpatient, and residential services, she tracks policy revisions, approvals, and compliance annually and as needed, ensuring alignment with regulatory standards and operational performance expectations.

She plays a central role in monitoring productivity reporting and was instrumental in developing standardized productivity benchmarks for the Behavioral Health leadership team. This work utilized objective productivity data and multiple Plan-Do-Study-Act (PDSA) cycles to establish equitable, data-driven standards that balance financial stewardship, quality of care, and staff sustainability. Incentive structures were informed by measurable performance outcomes rather than perception, reinforcing transparency and accountability.

Data analysis revealed discrepancies between perceived and actual no-show rates, with adult team data demonstrating an average of approximately three no-shows per clinician per month.

This finding highlighted the need for improved documentation accuracy within scheduling systems to ensure reliable data inputs for decision-making. Donica led efforts to identify and address technical barriers, including scheduling system malfunctions, inconsistent tracking of Galvgwodiya participation, and improper documentation of group sessions that resulted in lost billable hours.

Additionally, Donica identified workflow inefficiencies, such as rigid scheduling practices and inconsistent follow-up when clients decline services. In response, she drafted and implemented a comprehensive productivity procedures policy outlining performance standards, incentive structures, and documentation expectations.

Through the Access and Walk-In Workgroup, Donica guided multiple PDSAs focused on improving walk-in access, triage, and communication flow across adult and child services. Objective measures demonstrated improvements through standardized procedures, enhanced staff training, and implementation of TEAMs, with ongoing data review informing solutions to remaining coverage challenges. Her approach exemplifies the use of data and continuous evaluation to drive sustainable quality and safety improvements.

Donica's leadership has directly advanced the strategic priorities of Cherokee Indian Hospital, particularly following the refinement of CIHA's Thematic Goals to emphasize Child Mental Health and the development of a comprehensive continuum of care for individuals with Intellectual and Developmental Disabilities (IDD). In response to Tribal direction, Donica played a key role in operationalizing this strategy by supporting the onboarding of a psychologist and leading the development of a structured assessment and referral pathway. This work has improved timely access to diagnostic services, therapeutic interventions, and coordinated family supports.

From a Safety perspective, these efforts reduce risk through earlier identification of developmental and behavioral needs, decreased reliance on crisis-driven care, and improved continuity across care settings. Under Service, the implementation of standardized assessment and referral processes enhances access, reduces delays, and improves the patient and family experience through clearer and more reliable care navigation.

Donica's work also advances Quality by establishing evidence-informed service lines, promoting appropriate utilization of specialized providers, and laying the groundwork for consistent, high-quality IDD services across the lifespan. As Behavioral Health Operations Manager, she has also led the department through three successful Joint Commission surveys across Behavioral Health and the Opioid Treatment Program, demonstrating sustained compliance, strong internal controls, and a culture of continuous quality improvement. Her leadership in forming and leading the IDD residential subgroup further supports quality planning for the forthcoming IDD Center, ensuring services are intentionally designed around patient and family needs.

In the domain of People/Stewardship, Donica's efforts reflect responsible resource management, workforce support, and long-term system planning. By developing foundational infrastructure, workflows, and leadership structures in advance of the new IDD Center, she supports workforce

readiness, sustainable service expansion, and responsible stewardship of Tribal and hospital resources.

Additionally, during a prolonged period in which a Nurse Manager position was vacant, Donica stepped in to provide critical operational support to nursing services. She ensured continuity of timekeeping processes, addressed supply and policy needs, and supported staffing coverage when alternate resources could not be identified. Her willingness to assume these responsibilities safeguarded staff operations, minimized disruption to patient care, and reinforced organizational stability during a period of leadership transition.

Collectively, her work demonstrates strategic foresight and measurable advancement of CIHA's mission across safety, service, quality, and stewardship domains.

Donica's actions have resulted in sustained, measurable improvements through the establishment and continuity of data-driven quality and utilization oversight structures within Behavioral Health. With the onboarding of a new data analyst, Donica assumed responsibility for transferring institutional knowledge by training him on the full suite of reports she had historically generated or compiled to support the Quality Assurance (QA) and Utilization Management (UM) workgroups. This ensured continuity of reporting, analytic rigor, and operational stability rather than reliance on a single individual.

Both the QA and UM workgroups now maintain consistent, longitudinal tracking of key performance indicators, including coding errors, missed documentation sign-offs, and the associated financial impact to the organization. These data are reviewed routinely and assigned to accountable leaders, reinforcing sustained performance improvement and corrective action over time.

Additional sustained outcomes include ongoing monitoring of child and adult therapy waitlists—an area of expressed community concern—and routine analysis of clients served by diagnosis. These reports allow Behavioral Health leadership to assess service demand, access gaps, and equity by service type, age group, diagnosis/disability status, and geographic distribution. The continued use of these standardized datasets has embedded data-informed decision-making into departmental operations, ensuring improvements are maintained rather than episodic.

Through her role on the CIHA Utilization Management Committee, Donica has directly contributed to improved efficiency and consistency in Behavioral Health service delivery. She plays an integral role in monitoring access to care and ensuring adherence to the Utilization Management (UM) Plan, which she helped comprehensively update—addressing a plan that had not been revised since 2017.

The updated UM framework standardizes performance expectations and reduces variability by clearly defining access and timeliness benchmarks, including routine mental health services within 14 days, substance use disorder services within 48 hours, urgent care within 24 hours, and emergency services within two hours of request. These standards provide consistent operational targets across service lines.

Efficiency gains are further supported through systematic tracking of utilization metrics, including the number of members served by service type, age, diagnosis, and geography; emergency department and inpatient admissions; average length of stay; 30-day readmission rates; service penetration rates; authorization outcomes; and turnaround time for authorization requests. By routinely reviewing these indicators on a rolling 12-month basis, the committee minimizes process variability, identifies bottlenecks, and supports timely corrective action.

Donica regularly reviews Behavioral Health operational workflows, billing processes, and documentation practices to proactively identify financial and compliance risks. She consistently notifies leadership of identified concerns and initiates corrective actions to mitigate organizational exposure and prevent recurrence.

1. In October 2025, Donica identified a gap in an existing process that resulted in approximately \$6,000 in revenue payback. Through timely detection and escalation, she ensured leadership awareness, implemented corrective measures, and strengthened internal controls to prevent future losses. This level of diligence reflects sustained oversight, effective risk management, and responsible stewardship of CIHA resources, contributing to long-term financial integrity and operational reliability.

Collectively, Donica's leadership has embedded structured utilization oversight and accountability into daily operations, resulting in more predictable performance, improved access to care, and sustained operational efficiency across Behavioral Health services. The following are other areas she has positively impacted with her diligence and monitoring.

1. Access to timely care, which is the ability for a member with a routine service need to receive care within 14 days of a request for Mental Health and 48 hours for substance use disorder requests, for urgent needs 24 hours of the request and for emergency needs, within 2 hours
2. Number of members served broken-down by service, age, disability/diagnosis and when possible, geography – rolling 12-month period
3. ED and Inpatient Admits – rolling 12-month period of time
4. Average Length of stay in service by service
5. Percentage of 30-day readmissions to ED or Inpatient after an ED or Inpatient admission
6. Number of enrollees who access behavioral health services (penetration rates)
7. Number of authorization requests received, approved, reduced and denied
8. Turn Around Time (TAT) for authorization requests.
9. Contribution to elimination of Child and Adult waitlist for individual appointments.

