



YELLOWHAWK
TRIBAL HEALTH CENTER



YELLOWHAWK TRIBAL

STRATEGIC PLAN

PRIORITIES FOR 2026-2028



YELLOWHAWK
TRIBAL HEALTH CENTER

VISION

***Our Tribal Community achieves optimal health
through a culture of wellness.***

MISSION

***Empower our Tribal Community with
opportunities to learn and experience
healthy lifestyles.***

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The strategic objectives in Yellowhawk's Tribal Health Center (Yellowhawk) 2026–2028 Strategic Plan were shaped by data and input from our internal teams and community. This includes important guiding documents like the CTUIR Comprehensive Plan, Yellowhawk's Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP). We also used internal data to help identify and address local health challenges. Because of this, many goals in the Strategic Plan align with these key documents and reflect our shared priorities.

As recommended by the Public Health Accreditation Board (PHAB), the Strategic Plan also includes goals to develop and build upon other important organizational tools. These include a Workforce Development Plan and a Recertification Accreditation Plan that reflect and support Yellowhawk's mission and vision.

All of these documents work together to guide our organization. They help us take meaningful steps toward our mission of empowering our Tribal community to learn about and live healthy lifestyles.



Creating the 2026-2028 Strategic Plan

Yellowhawk is the healthcare provider for the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). Our team began developing its 2026–2028 Strategic Plan during the first half of 2025. This effort was guided by input from the Management Team, Health Commission, staff, and community members. To include voices at every level, our Management Team conducted reviews of the previous strategic plans with their staff, engaged in gathering staff input at our quarterly All Staff meetings, and collected staff data and input into presentations for our Health Commission.

In alignment with Public Health Accreditation Board (PHAB) requirements, the strategic planning process included a comprehensive assessment of internal and external environments, listening to many voices and working together as a team, active engagement of stakeholders, and alignment with our organizational mission, vision, and core values. We have ensured the plan meets the needs of our community and helps us serve our community better.

The purpose of the Strategic Plan is to provide Yellowhawk and its partners with a clear roadmap of organizational priorities and direction over the next three years. Strategic objectives are developed using a strengths, weaknesses, opportunities, and threats (SWOT) analysis to ensure responsive, realistic, and culturally grounded strategies.

The Strategic Plan is not a static document. Each year, an Annual Work Plan will be developed to identify specific activities, responsible parties, and timelines related to each strategic objective. These annual plans include measurable performance indicators, ensuring progress is monitored, evaluated, and reported regularly to leadership, staff, and the community.

Supporting our community and our culture. Implementing important cultural practices into our quality health care system.

To make sure the goals in our Strategic Plan are met, Yellowhawk will use an Annual Work Plan to guide our actions each year. This plan will break down each goal into smaller steps, with clear timelines, responsible staff, and ways to measure progress. We will track our progress using performance measures and check in regularly to see what's working and what needs to be improved.

As part of PHAB's requirements, we will also share updates with leadership, staff, and the community. This helps keep everyone informed and involved. By reviewing and updating the plan each year, we can make sure we stay on track and continue moving forward with our mission to support the health and wellness of our Tribal community.





2026-2028

STRATEGIC PLAN PRIORITIES

1

Health & Wellness

Weave community culture and modern medicine to support holistic healing and lifelong wellness.

2

Community Development

Create partnerships to deliver accessible, impactful health programs, and empower the community in decision-making.

3

Operational Sustainability

Build long-term stability through smart resource use, diverse funding, and technology that enhances operations and patient care.

4

Organizational Excellence

Deliver high-quality services through teamwork, continuous improvement, and a strong commitment to wellness.

HEALTH & WELLNESS

DESCRIPTION

OWNER

DUE
DATE

1	HEALTH & WELLNESS: Weaving community culture and modern medicine to support holistic healing and lifelong wellness				
	1.1			Collect and integrate external and internal data to address health disparities, including those identified in the Community Health Improvement Plan (CHIP), by December 31, 2028.	Public Health Director Dec 29, 2028
		1.1.1		Utilize existing committees (CHA, CCWIC, Pamanaknúwit, etc.) to analyze collected data related to the CHIP priorities.	Dec 31, 2026
		1.1.2		Develop a CHIP Work Group and incorporate collaborative planning across departments to discuss objectives and develop priorities including assigning roles and responsibilities.	Dec 31, 2027
		1.1.3		Identify and develop one collaborative and cross-departmental program or system to address an identified health disparity.	Dec 31, 2028
	1.2			Create a system to assess and implement local resources for health related social needs by December 31, 2028.	Behavioral Health Director Dec 29, 2028
		1.2.1		Develop a committee to identify external resources.	Dec 31, 2026
		1.2.2		Committee identifies the referral process, external partners, and resources available.	Dec 31, 2027
		1.2.3		Committee creates an implementation plan.	Dec 31, 2028
	1.3			Create a system to assess and implement resources for integrating culture and Tribal best practices into relevant services.	Medical Admin Dec 31, 2028
		1.3.1		Identify and utilize existing committees (CHA, Pamanaknúwit, etc.) for assessing/implementing cultural services.	Dec 31, 2026
		1.3.2		Collect data from the community regarding cultural services.	Dec 31, 2027
		1.3.3		Analyze and evaluate community response to cultural assessment questions, and identify recommendations based on the results of the assessment.	Dec 31, 2028



COMMUNITY ENGAGEMENT

PRIORITY

OBJECTIVE

STRATEGY

AWP

DESCRIPTION

OWNER

DUE
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2

COMMUNITY ENGAGEMENT: Create partnerships to deliver accessible, impactful health programs, and empower the community in decision-making

2.1

Establish at least six committed partnerships with mission-aligned organizations/entities to collaborate, enhance, and expand programming reach and engagement by December 31, 2028.

Admin
(COO/ IT /
PR)

Dec 31, 2028

2.1.1

Develop a process for creating partnerships through agreements or MOUs by end of Q2, ensuring collaboration with legal, risk, and business office staff.

Jun 30, 2025

2.1.1.1

Annually survey Yellowhawk managers for active partnerships/agreements to ensure impact of Yellowhawk's health programs, ensuring the partnerships are relevant.

Dec 31, 2028

2.1.1.2

Implement at least one capacity-building initiative, such as staff training or resource sharing, per partner organization within one year of established agreement.

Dec 31, 2027

2.1.2

Inventory existing community connections and resources to initiate discussions and formalize partnerships.

Dec 31, 2027

2.1.2.1

Coordinate with partners to identify training needs and resources, and schedule joint capacity-building activities.

Dec 31, 2028

2.1.3

Secure formal agreements, committed partnerships, or memoranda of understanding (MOUs) with partners within 6 months of establishing contact.

Dec 31, 2027



COMMUNITY ENGAGEMENT

PRIORITY
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DUE
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2	COMMUNITY ENGAGEMENT: Create partnerships to deliver accessible, impactful health programs, and empower the community in decision-making					
	2.2			Create, formalize, and implement a Community Advisory and Engagement Coalition (CAEC) that reflects the current leadership structure and equitable participation by December 31, 2028.	Admin/CO O/PR/IT Manager	Dec 31, 2028
		2.2.1		Establish a Community Engagement Model that defines the structure, membership, and responsibilities of the Community Advisory and Engagement Coalition (CAEC), including culturally grounded basic standards of operation that reflect Tribal values and ensure inclusive, respectful participation in decision-making by the end of year 1.		Dec 31, 2026
			2.2.1.1	Identify community members, including elders, youth, and key stakeholders and provide training on the roles, goals, and expectations.		Dec 31, 2026
			2.2.1.2	Create document for the roles/responsibilities of current leadership structure (BOT/GC/HC/etc.)		Jun 30, 2025
			2.2.1.3	Finalize membership by the end of Q2 of 2027.		Jun 30, 2025
			2.2.1.4	Increase membership by 20%, with underrepresented groups (youth, elders, other) by the end of Year 3.		Dec 31, 2028
		2.2.2		Form and integrate the CAEC into Yellowhawk by the end of Year 3, beginning with 100% member participation at the inaugural meeting by December 31, 2027.		Dec 31, 2027
			2.2.2.1	Participants of CAEC (coalition) to attend at least 4 Health Commission meetings in Year 3.		Dec 31, 2028

OPERATIONAL SUSTAINABILITY

PRIORITY
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3

OPERATIONAL SUSTAINABILITY: Build long-term stability through smart resource use, diverse funding, and technology that enhances operations and patient care

3.1

Develop and fully implement standardized sustainability and fiscal feasibility modes including SOPS to assess all current and potential future programs, functions, services, and activities, ensuring that 100% of new initiatives undergo feasibility analysis prior to launch and that annual reviews are conducted for existing services by December 31, 2028.

CFO, Allied Health Director, Dental Administrator

Dec 31, 2028

3.1.1

Develop policies and Standard Operating Procedures (SOPS) defining the process to analyze current and potential services for fiscal feasibility by the end of 2027. Include the decision making process (decision tree).

Dec 31, 2027

3.1.2

Identify a minimum of 3 data resources to be used in financial feasibility models and decision making by end of 2026.

Dec 31, 2026

3.1.3

Conduct feasibility studies to potentially introduce at least two additional healthcare services per year that align with Yellowhawk patient needs.

Dec 31, 2028

3.1.4

Provide training opportunities and technical assistance to Yellowhawk staff on at least two fiscal topics per year (budgeting, fiscal management, procurement, financial management systems) as it relates to their work at Yellowhawk.

Dec 31, 2028

3.1.5

Develop model explaining Yellowhawk funding streams by end of Q2 2026.

Jul 1, 2026

ORGANIZATIONAL EXCELLENCE

PRIORITY
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DUE
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4

ORGANIZATIONAL EXCELLENCE: Deliver high-quality services through teamwork, continuous improvement, and a strong commitment to wellness

4.1

Implement comprehensive feedback and process improvement systems by December 31, 2028.

Quality and Risk Manager; Facility Manager; HR Director; PH Director and Medical Administrator

Dec 31, 2028

4.1.1

Develop and implement action plan / strategies for accreditation / recertification readiness by Q3 2027.

Sep 30, 2027

4.1.1.2

Identify all accreditations which are current and/or upcoming and identify gaps and improvement strategies/action plan for maintaining compliance by Q2 2027.

Jun 30, 2027

4.1.2

Conduct an annual review (every June) of accreditations and certifications to ensure compliance with updated standards, rules, and regulation.

Jun 30, 2028

4.1.3

Conduct regular risk assessments including Cybersecurity Information Systems Administration (CISA) re. facility, security, cybersecurity annually / biannually as recommended every June.

Jun 30, 2028

4.1.4

Develop a process/strategy for integration and collaboration between departments to share information (including further development of SOPs) by Q2 2027.

Jun 30, 2027

4.1.5

Implement internal and cross departmental collaboration strategy by 2028 to ensure consistent integration and improved communication internally.

Jun 30, 2027

ORGANIZATIONAL EXCELLENCE

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ORGANIZATIONAL EXCELLENCE: Deliver high-quality services through teamwork, continuous improvement, and a strong commitment to wellness

4.2

Develop and implement training procedures to address cultural awareness, trauma-informed care, and best practices of the healthcare workforce by December 31, 2028.

HR Director

Dec 31, 2028

4.2.1

Complete and implement departmental orientations to include best practices, standards, and safety/risk management items.

Dec 31, 2028

4.2.1.1

Departments will create orientation checklists and procedures specific to their department positions and needs.

Mar 31, 2027

4.2.2.2

HR will create a policy and procedure regarding the submission of department-specific orientation sheets for staff evaluation.

Mar 31, 2027

4.2.2.3

Departments will implement orientation procedures for all newly onboarded staff.

Dec 31, 2028

4.2.2

Identify and develop a cultural awareness staff training procedure.

Dec 31, 2028

4.2.2.1

Create a committee to identify cultural awareness training needs and evaluate training options and collaborations.

Dec 31, 2026

4.2.2.2

Within the committee, develop a policy and procedure for staff cultural awareness training.

Jun 30, 2028

4.2.2.3

Obtain administrative approval for cultural awareness training policy and procedure to begin implementation.

Dec 31, 2028

ORGANIZATIONAL EXCELLENCE

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ORGANIZATIONAL EXCELLENCE: Deliver high-quality services through teamwork, continuous improvement, and a strong commitment to wellness

4.2.3

Develop and implement a policy for trauma-informed care training with 80% of staff certified.

Dec 31, 2028

4.2.3.1

Develop a policy for trauma-informed care training and identify staff required to complete training.

Dec 31, 2027

4.2.3.2

Implement trauma-informed care training for staff.

Jan 31, 2028

4.2.3.3

Track completion of staff certification in trauma-informed care with a goal of 80% certification.

Dec 31, 2028

4.3

Adopt and implement standards of care to strengthen the overall quality of patient care and workforce capabilities by December 31, 2028.

Medical
Administrator

Dec 31, 2028

4.3.1

Identify current policies and SOPs that address standards of care.

Jun 30, 2027

4.3.2

Identify gaps in policies and SOPs for further development of standards of care.

Dec 31, 2027

4.3.3

Adopt and implement standards of care through development of policies and SOPs.

Dec 31, 2028



MEASURING PROGRESS

To ensure successful implementation of our strategic plan, Yellowhawk is using a structured performance measurement approach focused on accountability, alignment, and continuous improvement. The plan is organized by Priority Areas, each with defined Objectives and corresponding Strategies. These strategies serve as the foundation for department-level annual work plans, which outline specific, actionable goals tied to the broader organizational vision. This structure allows us to track progress against defined targets, ensuring alignment across departments and enabling timely adjustments to improve performance and outcomes.

To support our PHAB accreditation efforts, Yellowhawk will utilize quarterly progress monitoring to ensure alignment of our goals. Specifically, we will track implementation of our strategic plan through our performance management system, Action Strategy, an online tool customized for our organization that facilitates real-time updates and accountability. This approach allows us to document progress on goals, objectives, and associated activities, ensuring ongoing evaluation and course correction as needed. Action Strategy is reviewed by our Management Team and used to guide conversations around progress and evaluation. By monitoring and reporting quarterly, we demonstrate our commitment to using performance management systems to improve organizational effectiveness and meet the standards of our organization.

Additionally, Yellowhawk will monitor implementation of the strategic plan by aligning it with department-level annual work plan goals. Each department develops work plan objectives that directly support the priorities outlined in the strategic plan, ensuring organization-wide integration and accountability. These goals are reviewed and updated monthly through department-specific CEO reports and reported to Health Commission by each department twice a year. Progress monitoring is further supported through our Management Team, Supervisor's Meetings, and All Staff Meetings, which provide for staff at every level to discuss and evaluate their progress on annual work plan objectives.

CORE VALUES



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