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EDUD 732: Professional Leadership Growth Plan

PLGP 3: Bridge from Current to Future

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I would love to believe that my professional growth plan is evolving. As I envision my professional growth path, I am increasingly sensing that I need to develop an even more profound awareness of my interactions with others at all levels of an organization by focusing on both active mindfulness and emotional intelligence. Focusing on conscious and unconscious behavior modification to utilize my assets revealed from the Multifactor Leadership Questionnaire (MLQ) will solidify my future leadership success. My heroic self continues to grow in effectiveness and understanding, and I am paying special attention to mindfulness by involvement in daily meditation practices and nightly review processes. I can continue to improve.

A significant “Bridge” moment can be when the initiative succeeds after a measurable positive reduction in failed urine analysis (UA) test results for FACT clients who receive routine regular UAs when attending court at their monthly community supervision appointments. This measurable construct can establish a baseline for monitoring FACT clients by the team. There are approximately 75 clients on the FACT team, with 46B onboarding coming from Austin State Hospital (ASH) after arriving in Austin from Kerrville State Hospital (KSH). 46B is a Code of Criminal Procedure of Incompetency to Stand Trial. Many of these clients are released into group home settings and have easier access to acquire illicit substances due to being in a less restrictive environment. An overreaching goal will be able to identify specific clients with a substance use history as they are onboarding to the team and develop a plan and pathway for these clients to remain substance-free by tailoring specific programming to meet their needs.

The environment for this initiative will be in the Austin/Travis County community and will be unique to each client. However, most new 46B FACT clients come to us from ASH through KSH. Most of these clients reside in Home and Community-Based Services (HCBS) wrap-around group home services. HCBS staff support clients by giving them medication services, transportation, and other daily living needs. Clients in HCBS homes are easier to monitor because they are essentially in a supervised setting with the ability to come and go, provided they maintain a curfew and supported living guidelines. Another “Bridge” opportunity in this setting will be able to retain substantial negative UAs for clients coming into the FACT program. The magistrate judge grants formal incentives in the form of longer periods between judicial hearings and early graduation from the program. The FACT team can staff possible team-wide incentives for adherence to the program.

I believe this goal can produce definable results in one year that can be measurable for effectiveness. With genetically modified forms of cannabis (THC-A) able to be legally sold in stores in edible and vaporized forms today, cannabis is easier to get than at any other time in recent U.S. History. Clients with serious mental illness use substances at a higher rate than the general rate, possibly as a form of self-medication. I believe this goal is SMART because it is a) Specific-reducing the rate of positive UAs for FACT Clients; b) Measurable-from baseline to one year on specific FACT clients; c) Achievable-any client can accomplish this goal as the only requirement is no ingesting cannabis; d) Relevant – abstaining from cannabis is a requirement for successful completion of court/supervision requirements; e) - a one-year time commitment. An acknowledgment of accomplishing can be obtained via self-reporting from FACT clients receiving the specialized FACT service. Continued mentoring from the Justice Initiatives Practice

Administrator will be necessary. I already receive monthly supervision from this person and can gather feedback on specific leadership behaviors to enact when communicating with FACT clients and/or the legal system. After investigating the objective UA results, studying case notes of client observations, and continuing to work with them on substance abuse prevention strategies and chemical dependency education, a combination of client self-report data and UA result data can be used to measure the effectiveness of the initiative to accomplish the goal we set out to meet.

Potential challenges can arise due to the legal nature of our role with Clients in the Justice Initiatives domain. Recent communications from specific management have informed FACT staff not to offer specific information to the court when asked by the judge or prosecution information regarding our clients during official court proceedings. A recent challenge brought to our FACT's attention concerns the amount of information counselors/case managers are to share with the court regarding client care. This obstacle will be managed as soon as we are given an official protocol in writing stating the limitations of our communications with the judicial system. Another obstacle is working with clients who are ambivalent about ceasing cannabis use due to possible chemical dependency issues. Working with these types of clients always poses difficulty.

While engaged in this endeavor, I will gain valuable insight into different facets of my organization and develop excellent leadership abilities. My heroic self will be recognized for the sustained change efforts that reflect the positive ability of clients with serious mental illness to live purposeful lives, thereby augmenting Integral Care's Vision of "Healthy Living for All!"