

STATE OF MINNESOTA
COUNTY OF WINONA

DISTRICT COURT
THIRD JUDICIAL DISTRICT

In the Matter of the Civil Commitment of:

David Austin Russell,

Respondent.

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

Court File No. 85-PR-24-46

The above-entitled action came before District Court Judge Carmaine Sturino on January 22, 2024, for a final hearing on the petition to commit Respondent as a person who poses a risk of harm due to a mental illness. Respondent David Austin Russell appeared for part of the hearing. Attorney David Jones appeared on behalf of Respondent. Assistant Winona County Attorney Paul R. Ellison appeared on behalf of the petitioner. Dr. Travis Tomford, court examiner and Dr. Lisa Schock, Prairie St. John's were also present. The hearing was conducted by Zoom.

The Court, being duly advised in the premises and upon the evidence adduced at the hearing, the petition and its attachments, and all the files, records and proceedings held herein, now finds, by clear and convincing evidence, the following:

FINDINGS OF FACT

1. The petitioner, Karen Bunkowski, Winona County Health and Human Services, is interested in Respondent as a supervisor with the agency.
2. Respondent is presently 42 years old, having been born on March 13, 1980.
3. At the time of the hearing, Respondent was being held at Prairie St. John's Hospital. Winona County is the appropriate venue for this matter.
4. The Court admitted the following documents as exhibits without objection:
 - a. Exhibit 1: Report of court examiner Dr. Travis Tomford.

- b. Exhibit 2: Medical records from Prairie St. John's filed January 19, 2024.
 - c. Exhibit 3: Medical records from Mayo Clinic filed January 18, 2024.
 - d. Exhibit 4: Medical Records from Horizon Homes filed January 18, 2024.
5. Dr. Lisa Schock, Prairie St. John's and Dr. Travis Tomford, court examiner testified at the hearing. The Court finds the testimony of both professionals to be credible. The testimony matched the information contained in the exhibits received and reviewed by the Court.
6. Early in the hearing, Respondent made a request for Respondent to be allowed to question witnesses. After inquiring with counsel, the Court denied Respondent's request based on applicable case law and the Commitment and Treatment Act Rules.
7. Respondent attended the start of the hearing. After Respondent's request was denied, Respondent left the hearing. Respondent briefly came back into the hearing, before leaving again. The Court finds that Respondent voluntarily waived his right to appear at the hearing. All parties, including Respondent, were properly notified of the hearing, Respondent voluntarily left the hearing, even after being told that he would be allowed to testify if he desired.
8. Respondent has a substantial psychiatric disorder of thought, mood, perception, orientation or memory. Specifically, Dr. Lisa Schock diagnosed Respondent with a diagnosis of Bipolar Type I, current episode manic, severe, with psychosis. Court examiner Dr. Travis Tomford rendered the diagnosis of Schizophrenia. The two diagnoses are on the same spectrum of psychiatric disorders. At this time, Dr. Schock has had limited access to collateral and past information regarding Respondent. The disorder grossly impairs Respondent's judgment, behavior, capacity to recognize reality, and to reason and understand, which:
 - a. is manifested by instances of grossly disturbed behavior or faulty perceptions:

- i. Respondent has exhibited mental health symptoms consistent with his diagnoses. The symptoms include agitation, paranoia, and delusions. Respondent has expressed the beliefs that neuroleptic medications are a chemical lobotomy. Respondent believes that he has been the victim of human trafficking and has been poisoned. These are persistent delusions of Respondent. Respondent believes that he has telepathic abilities, including the ability to send messages. Respondent has exhibited odd fixations on hospital staff members such as believing that a nurse's shoes meant something regarding Respondent.
 - ii. Respondent has exhibited an aggressive and agitated mood. Respondent has been unable to cooperate during interviews with medical professionals. The interview with the court examiner was terminated due to Respondent's increasing agitation and unwillingness to participate. Respondent's mental illness remains undertreated.
 - iii. The testimony of Dr. Schock and Dr. Tomford was credible. Both professionals testified credibly about Respondent's lack of insight into his situation. Respondent does not believe he has a mental illness as diagnosed and does not believe he needs treatment with neuroleptic medications.
- b. poses a substantial likelihood of physical harm to himself or others as demonstrated by:
- i. Respondent has expressed homicidal ideation towards peers at Prairie St. John's. As supported by the testimony of Dr. Schock and Exhibit 4, Respondent has made threats to kill peers and stated that he wanted to kill

people on the unit. Respondent has also made threats to physically harm staff members. Respondent has spit on staff members. The Court finds that Respondent has made recent threats to physically harm others.

- ii. Respondent has made references to harming himself. While at Horizon Homes, Respondent asked staff for a gun so that Respondent could travel to Winona and “blow my brains out.” On another occasion, Respondent referenced knowing how to kill himself or others. The Court finds that Respondent has made recent threats to physically harm himself.
- iii. Respondent’s behaviors and symptoms have required that Respondent be moved to the high acuity unit. Emergent medications have been required on three occasions due to safety concerns for Respondent and others. Respondent was threatening peers and was unable to be redirected.
- iv. Respondent’s decision making for his medical care is impaired. Respondent failed to meet his need for medical care in the community by no longer taking neuroleptic medications, resulting in a decompensation in Respondent’s psychiatric condition. Respondent’s ability to obtain housing is impaired. Respondent’s paranoia, lack of cooperation, and aggression would cause difficulties in obtaining housing if he were not currently in a hospital setting.
- v. Respondent is unable to obtain necessary medical care and housing as a result of his mental illness. Respondent requires further mental health treatment. It is likely that Respondent will suffer substantial harm and/or significant psychiatric deterioration unless appropriate treatment and services are provided. Without further treatment, Respondent would likely

suffer further decline in his psychiatric condition. Respondent suffered significant decompensation when in the community prior to his hospitalization after he stopped taking neuroleptic medications. If not committed, Respondent would not cooperate with treatment voluntarily, likely resulting in further decompensation in his condition. Respondent would likely fail to meet his basic needs, including medical care and housing.

- vi. It is more probable than not that Respondent would suffer substantial harm due to Respondent engaging in self-harm. Respondent is also at risk of substantial harm because his aggressive and confrontational behavior is probable to incite a physical response in others not familiar with Respondent if confronted by Respondent.

9. No less restrictive alternative to commitment exists.

- a. Respondent requires treatment in an inpatient setting under the structure of a civil commitment. Respondent lacks the level of insight and understanding needed for a less restrictive alternative such as a stay of commitment. Both doctors that testified credibly supported full commitment. Respondent remains actively symptomatic at the current time. Due to the Respondent's severe symptoms, Respondent has not been able to rationally participate in discussions about treatment options with his providers.
- b. A community-based treatment program or voluntary program is not appropriate. Based on the evidence submitted, Respondent would not voluntarily follow through with necessary treatment. Respondent does not believe he has a mental illness. Respondent believes that neuroleptic medications are poison and chemical

lobotomies. Neuroleptic medications are necessary for Respondent's treatment. Respondent requires medication management. Respondent's past history of multiple commitments and inpatient hospitalizations is additional support that less restrictive options are not appropriate at this time. Outpatient treatment is not appropriate given the level of Respondent's opposition to treatment and his failure to cooperate with treatment in an inpatient setting.

- c. Respondent does have a guardian. However, the guardian is not independently sufficient to meet Respondent's needs at this point. Particularly, the need for treatment with neuroleptic medications.
 - d. Respondent currently requires an inpatient setting to treat his mental illness appropriately and effectively. Such a setting most appropriately provides for Respondent's safety and meets Respondent's level of need. Respondent would present a significant risk of harm to himself and others if discharged at this time. Respondent requires further inpatient treatment and is not able to function outside of a structured setting.
10. Prairie St. John's filed a *Jarvis* petition. The Court's decision on the *Jarvis* petition, is contained in a separate court order,

CONCLUSIONS OF LAW

- 1. Respondent is a person who poses a risk of harm due to a mental illness within the meaning of Minn. Stat. § 253B.02, Subd. 17a.

NOW, THEREFORE, IT IS HEREBY ORDERED:

- 1. Respondent David Austin Russell is committed as a person who poses a risk of harm due to a mental illness to the custody of Prairie St. John's and to the Commissioner of the Minnesota Department of Human Services for a period not to exceed six (6) months.

2. Respondent shall remain at Prairie St. John's unless and until moved to a different appropriate placement that can meet his level of need and/or provisionally discharged.
3. The reports mandated by Chapter 253B shall be filed with the Court.
4. The Rights of Patients, codified at Minn. Stat. 253B.03, are incorporated herein by reference.
5. In the event that Respondent is incompetent or refuses to fully cooperate with Winona County Health and Human Services regarding funding or placements under commitment, a Supervisor of Winona County Health and Human Services, or their designees, is authorized to release private data related to Respondent, sign releases of information on behalf of Respondent, make application for funding, benefits, placement alternatives and community supports for Respondent in order to facilitate the placement of Respondent, obtain benefits, services or funding for Respondent, and to facilitate consideration of placements for Respondent in the least restrictive treatment alternatives while under commitment. This authorization shall remain in effect for the duration of Respondent's commitment.
6. The Winona County Sheriff's Office shall provide transportation for Respondent to and from hearings, and any other transportation needed in this action. Transportation may also be provided by individuals or entities approved by the Commissioner of the Minnesota Department of Human Services.

BY THE COURT

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Carmaine Sturino
District Court Judge