

<b>State of Minnesota</b>	<b>District Court</b>
	<b>Probate Division</b>
<b>County of Winona</b>	<b>Judicial District: 3</b>
	<b>Court File Number: 85-PR-19-1081</b>
	<b>Case Type: Guardianship/Conservatorship</b>
<b>In Re: the Guardianship of</b> David Austin Russell	<b>Personal Well-Being Report</b>  (Annual Report of Guardian) Minn. Stat. § 524.5-316

As required by Minnesota Law, I make this annual Personal Well-Being Report for the reporting period from 7/15/2022 to 7/15/2023.

## THE GUARDIAN (ME)

My name, and the address and phone number where I can be contacted:

**Name:** CATHOLIC CHARITIES OF WINONA  
**Street Address or PO Box:** 111 MARKET ST PO BOX 379  
**City/State/Zip:** WINONA MN 55987  
**Home Phone:** (507) 454-2270  
**Email:** UNKNOWN

## THE PERSON SUBJECT TO GUARDIANSHIP

**1. Current Address.** The current address and living arrangement of the person subject to guardianship:

**Street Address:** 727 SOUTH BROAD ST  
**City/State/Zip:** MANKATO MN 56001  
**Living Arrangement:** OTHER - BOARD & LODGE

**2. Previous Addresses.** Has the person subject to guardianship lived at any other address during this reporting period?

Yes  No

**Street Address:** 201 W 3RD ST  
**City, State & Zip Code:** WINONA MN 55987  
**Living Arrangement:** OTHER - WINONA COUNTY JAIL  
**Date Range:** 7/22/2022 TO 7/26/2022

**Street Address:** 304 SOUTH MARSHALL ST  
**City, State & Zip Code:** CALEDONIA MN 55921  
**Living Arrangement:** OTHER - HOUSTON COUNTY JAIL  
**Date Range:** 7/26/2022 TO 8/20/2022

**Street Address:** 3301 7TH AVE  
**City, State & Zip Code:** ANOKA MN 55303  
**Living Arrangement:** OTHER - AMRTC HOSPITAL  
**Date Range:** 8/20/2022 TO 12/20/2022

**Street Address:** 825 S FRONT ST  
**City, State & Zip Code:** MANKATO MN 56001  
**Living Arrangement:** OTHER - IRTS  
**Date Range:** 12/20/2022 TO 4/18/2023

## Current Conditions

For questions #3 through #5, rate the Person Subject to Guardianship's **current** mental, physical, and social conditions by choosing a number on a scale of 1 to 5 (1 = very poor, and 5= excellent). Then give a brief explanation of why you rated the way you did.

3. I rate the Person Subject to Guardianship's current mental condition as:

1  2  3  4  5

The reason I give this rating: **DAVID OFTEN TIMES SEEMS IRRITATED WITH THE LEGAL SYSTEM AND WILL USE VULGAR LANGUAGE AS WELL AS HAS MADE THREATS TO OTHERS WITHIN THE REPORTING YEAR. WHEN DAVID WAS IN AMRTC THERE WAS A SELF HARM EPISODE. WHEN HE WAS RELEASED FROM AMRTC HE WAS CLOSE TO BASELINE. HOWEVER SINCE BEING OUT OF AMRTC DAVID CONTINUES TO SEARCH FOR PROVIDERS WHO ARE WILLING TO DECREASE HIS MEDICATIONS WHICH IS CAUSING AN INCREASE IN BEHAVIORS. PER HIS LAST PSYCHIATRIST DAVID CONTINUES TO HAVE LACK OF INSIGHT INTO HIS DIAGNOSIS AND HAS POOR INSIGHT INTO PSYCHOTIC SYMPTOMATOLOGY, AND NEED FOR ANTIPSYCHOTIC MEDICATIONS. AT THIS TIME DAVID HAS WENT TO VARIOUS PSYCHIATRIC PROVIDERS HOWEVER REFUSES TO CONTINUE TO SEE THEM OR THE PROVIDER FEELS IT WILL NOT BE A GOOD FIT DUE TO THE REQUEST TO CONTINUE TO REDUCE HIS MEDICATIONS. -SERTRALINE WAS STARTED AT DAVID'S INITIAL APPOINTMENT WITH FRANK ON 2/8/23 IN WHICH HE WAS STARTED ON 25 MG FOR ONE WEEK, THEN 50 MG THEREAFTER. HE CAME TO THIS PROVIDER TAKING PROLOXIN DECANOATE 50 MG EVERY 3 WEEKS AND ZYPREXA 10 MG TWICE DAILY. -3/14/23 PROLOXIN DECANOATE WAS STOPPED BECAUSE DAVID WAS NOT TAKING IT. AT THAT TIME, ZYPREXA WAS CHANGED FROM 10 MG TWICE DAILY TO 20 MG AT BEDTIME, AND SERTRALINE WAS INCREASED FROM 50 MG TO 100 MG. -ON 4/27/23 THERE WAS A DECREASE HIS ZYPREXA, WHICH WAS AT 20 MG BY MOUTH AT BEDTIME, TO 15 MG AT BEDTIME AND HAVE 5 MG AVAILABLE AS A PRN ONCE DAILY AS NEEDED FOR AGITATION/PSYCHOSIS. -6/26/2023 FRANK DECREASED ZYPREXA FROM 15 MG TO 10 MG, WITH THE 5 MG STILL AVAILABLE AS NEEDED. IN JULY 2023 DAVID'S SYMPTOMS INCREASED AND FRANK RECOMMENDED GOING BACK TO 15MG OF ZYPREXA. DAVID REFUSED TO GO BACK TO 15 MG AND CONTINUED TO TAKE ONLY THE 10 MG AND PRN 5MG AS NEEDED. SEPTEMBER 13TH DAVID SAW A PROVIDER AT MAYO AND HE REQUESTED MEDICATION CHANGES HOWEVER THE PROVIDER DID NOT FEEL IT WAS APPROPRIATE. ON SEPTEMBER 18TH DAVID STARTED REFUSING THE 10MG AND ONLY TAKING THE 5 MG TABLET WITH OUT PROVIDER ORDERS.**

4. I rate the Person Subject to Guardianship's current physical condition as:

1  2  3  4  5

The reason I gave this rating: **THERE ARE NO MAJOR CONCERNS WITH DAVID'S PHYSICAL HEALTH AT THIS TIME.**

5. I rate the Person Subject to Guardianship's current social condition as:

1  2  3  4  5

The reason I gave this rating: **DAVID SLEEPS A LARGE AMOUNT OF HIS DAYS. HE DOES COMMUNICATE WITH FAMILY AND SOCIALIZE WITHIN HIS BOARD AND LODGE FACILITY.**

## THE GUARDIANSHIP

### 6. Contact with the person subject to guardianship

a. In the last year, how often have you had contact with the person subject to guardianship?

- Daily  
 Weekly  
 Monthly  
 Other

b: How do you usually contact the person subject to guardianship?

- In Person  
 By telephone (calling)  
 By text  
 By email

Other  
Other: **VIRTUAL**

### Services

For questions #7 through #10, tell whether the Person Subject to Guardianship received any **medical, educational, vocational, or other services** in the last year. Then, you should:

- Describe the services;
- Tell whether you believe the services were adequate; and
- If services were not adequate, explain why not.

7. Did the person subject to guardianship receive any **medical services** in the past year?

Yes  No

If Yes:

Describe: **DAVID SAW DR. LAI ON 8.24.23 FOR ANNUAL PHYSICAL AT MAYO CLINIC.**

Were the medical services adequate?

Yes  No

8. Did the person subject to guardianship receive any **educational services** in the past year?

Yes  No

9. Did the person subject to guardianship receive any **vocational services** in the past year?

Yes  No

10. Did the person subject to guardianship receive any **other services** in the past year?

Yes  No

If Yes:

Describe: **CATHOLIC CHARITIES IS CONSERVATOR AS WELL. DAVID IS CURRENTLY ON CIVIL COMMITMENT THROUGH WINONA COUNTY**

Were the other services adequate?

Yes  No

### 11. Restrictions.

Did you place any restrictions on the rights of the person subject to guardianship to communicate, visit, or interact with anyone in the past year? This includes:

- Having visitors;
- Making or receiving telephone calls;
- Sending or receiving personal mail;
- Sending or receiving electronic communications (including through social media); and/or
- Participating in social activities.

Yes  No

### 12. Payment for Services.

a. Have you received any payment for services provided to the person subject to guardianship in the past year that was not reimbursed by county contract?

Yes  No

b. Guardian's Current Rate. List the current rate you charge, or enter \$0 if you do not charge for your services: **\$\$\$55 PER HOUR PER COUNTY CONTRACT**

**13. Continuation or Changes to the Guardianship.** Any information you include here is so that the court knows your opinion about the guardianship. This is not a formal request to change or end the guardianship. There are other forms available online at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) (choose "Guardianship/Conservatorship" category) for making these requests.

a. Do you believe the person subject to guardianship should still be under guardianship?

Yes  No

Explain: **IT IS RECOMMENDED TO CONTINUE GUARDIANSHIP AS IS DUE TO THE INSTABILITY OF MENTAL HEALTH, NOT HAVING A STABLE PSYCHIATRIC PROVIDER AS WELL AS DAVID CHANGING PSYCH MEDICATIONS WITHOUT PROVIDER APPROVAL. DAVID CONTINUES TO NEED ASSISTANCE WITH MAKING THE ADEQUATE DECISIONS. IT SHOULD BE NOTED THAT DAVID OFTEN TIMES REFUSES ADEQUATE SERVICES FROM THE GUARDIAN AND WILL NOT ALLOW GUARDIAN WITH FOR MEDICAL APPOINTMENTS.**

b. Do you think the guardianship should be changed?

Yes  No

Explain: **CONTINUE GUARDIANSHIP AS IS.**

14. Are you a professional guardian?

Yes  No

Under Minnesota law, a professional guardian means a person acting as guardian for three or more people who are not related to the guardian by blood, adoption, or marriage.

**Everything I have stated in this report is true and correct.**

**Date Submitted: 10/10/2023**

**Submitted By: BRITTANY DANNEHY FOR  
CATHOLIC CHARITIES OF WINONA**

**Name:** CATHOLIC CHARITIES OF WINONA  
**Street Address:** 111 MARKET ST PO BOX 379  
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