

State of Minnesota

District Court  
Probate Division

County of Winona

Judicial District: 3  
Court File Number: 85-PR-19-1081  
Case Type: Guardianship/ConservatorshipIn Re: the Guardianship of  
David Austin Russell**Personal Well-Being Report**(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 7/15/2023 to 7/15/2024.

**THE GUARDIAN**

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:** MAYO CLINIC HOSPITAL 1216 2ND ST SW  
**City/State/Zip:** ROCHESTER MN 55902  
**Living Arrangement:** OTHER - HOSPITAL

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

Yes  No

**Street Address:** 727 SOUTH BROAD ST  
**City, State & Zip Code:** MANKATO MN 56001  
**Living Arrangement:** GROUP HOME  
**Date Range:** 4/18/2023 TO 1/2/2024

**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: **Mr. Russell's mental condition is very poor due to his serious and persistent mental illness. Mr. Russell began the reporting period living in a board and lodge to help him become independent with his cares but his mental health decompensated to where he was advocating for all mental health medications to be discontinued. According to the Mayo Clinic Mr. Russell meets criteria for schizoaffective disorder, outlining several areas of psychotic symptomatology, including past history of hallucinations, thought insertion, thought broadcasting, delusional content. Mr. Russell has poor insight into psychotic symptomatology, and need for antipsychotic medications. Mr. Russell also has a history of depression. On January 2nd, 2024 Mr. Russell was brought to the Mayo Clinic Emergency Department in**

**Mankato due to being verbally abusive and aggressive. Restraints were used at the emergency department. He was admitted to the inpatient behavioral unit at Prairie Saint Johns Hospital. He was discharged to Winona in April of the reporting period. On April 16, 2024 he was brought to the Mayo Clinic in Rochester on a revoked provisional discharge on his civil commitment. Mayo Clinic petitioned and was granted to treat Mr. Russell with Electroconvulsive Treatment. At the end of the reporting period Mr., Russell remained at the Mayo Clinic and was receiving ECT.**

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

1  2  3  4  5

The reason I gave this rating: **Mr. Russell is in a good physical condition. He does not have an major medical issues 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: **Mr. Russell's social condition has been fair. He enjoys communicating with family but a successful communication depends on his mental condition.**

## 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: **Staff check-ins**

### 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: **Mayo Clinic has provided all medical services during the reporting period.**

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

### 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

If Yes:

How much did you receive? **\$341.25**

b. Guardian's Current Rate. List the current rate you charge, or enter \$0 if you do not charge for your services: **\$56 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: **Mr. Russell has a significant and persistent mental illness. He is unable to make or communicate decisions until his mental health is stabilized. A change is not recommended.**

b. Do you think the guardianship should be changed?

Yes  No

Explain: **The current guardianship status is appropriate and a change is not recommended.**

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: 9/5/2024**

**Submitted By: CATHOLIC CHARITIES OF WINONA**

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

**Email:** UNKNOWN



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