STATE OF MINNESOTA
IN COURT OF APPEALS
A18-1884

In the Matter of the Civil Commitment of: Brittani Lowling-Forler.

Filed April 29, 2019
Affirmed
Schellhas, Judge

Itasca County District Court
File No. 31-PR-18-2707

Evelyn Schneider, Evelyn Schneider Law Office, Grand Rapids, Minnesota (for appellant)

Matti R. Adam, Itasca County Attorney, Jennifer E. Ryan, Assistant County Attorney, Grand Rapids, Minnesota (for respondent)

Considered and decided by Schellhas, Presiding Judge; Worke, Judge; and Kirk, Judge.*

U N P U B L I S H E D O P I N I O N

SCHELLHAS, Judge

Appellant challenges her commitment as mentally ill, arguing that the district court's findings do not support her commitment. We affirm.

* Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

FACTS

Appellant Brittani Lowling-Forler was judicially committed as mentally ill in 2009 in Massachusetts, in September 2017 in Itasca County, and again on February 26, 2018, in Itasca County. On September 2, 2018, Lowling-Forler was hospitalized and, on September 3, she was placed on a 72-hour hold and entered a psychiatric unit where she underwent a psychological examination. At that time, she was experiencing hallucinations and reported that she was "at war over the last month and undergoing agony, suffering, and complete torture." A physician's statement described Lowling-Forler as being unable to care for herself, delusional, and disorganized. Alleging that Lowling-Forler lacked the capacity to make decisions regarding her prescribed medications, Itasca County petitioned for judicial commitment and the appointment of a substitute decision-maker. Following a preliminary hearing on September 11, the district court granted Itasca County's motion, appointed a substitute decision-maker, and ordered that Lowling-Forler be confined until a commitment hearing. The court appointed two examiners: Dr. Craig Stevens and Dr. Sara Vaccarella.

Dr. Stevens evaluated Lowling-Forler and reported that throughout her hospitalization, she was often delusional and paranoid. Lowling-Forler described the hospital as a "looney tune rape house," where "male energy" made her sick. She reported being tired of "crotch monkeys" and was unable to maintain a logical conversation. She had multiple incidences of lashing out at staff members. Dr. Stevens found that Lowling-Forler suffered from a "significant psychiatric disorder of thought, mood, [and] perception which grossly impair[ed] her judgment, behavior and capacity to recognize reality." And

she exhibited a decreased ability to care for herself. Dr. Stevens recommended commitment because Lowling-Forler was mentally ill, as defined by Minnesota statute. Dr. Stevens opined that because Lowling-Forler "d[id] not view herself as mentally ill or needing psychiatric care, and ha[d] no desire to accept hospitalization voluntarily, there [wa]s no appropriate lesser restrictive alternative to meet her treatment needs."

Dr. Vaccarella also examined Lowling-Forler and found that she presented with "paranoid and delusional thought content, [and] disorganized speech and behavior." Lowling-Forler told Dr. Vaccarella that "she does not believe she is mentally ill." Dr. Vaccarella also recommended commitment because Lowling-Forler was diagnosed with "schizoaffective disorder, bipolar type" and less-restrictive alternatives were inappropriate "due to [] Lowling-Forler's lack of insight into her mental illness and lack of adequate discharge planning."

At the commitment hearing, Lowling-Forler stipulated to the examiners' reports and asked to read a letter to the court. Following the hearing, the district court found that Lowling-Forler was mentally ill, that less-restrictive alternatives were inappropriate, and ordered that she be committed for no more than six months.

This appeal follows.

D E C I S I O N

Lowling-Forler does not challenge the sufficiency of the evidence but argues that the district court failed to make adequate findings of fact to support the commitment order. She contends that the findings do not meet the requirements set forth by Minnesota's civil-

commitment statute, and that the court erred by ordering commitment without specific findings that she was a danger to herself or others.

On review, we are "limited to an examination of the [district] court's compliance with the statute, and the commitment must be justified by the findings based upon evidence at the hearing." *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). We review the record in the light most favorable to the district court's decision, and will not set aside the findings of fact unless they are clearly erroneous. *Id*.

To support commitment, the district court must find by clear and convincing evidence that a patient is mentally ill and there are no suitable alternatives to commitment. Minn. Stat. § 253B.09, subd. 1 (2018). Where commitment is ordered, the district court "shall find the facts specifically, and separately state its conclusions of law." *Id*., subd. 2 (2018). The findings of fact must "specifically state the proposed patient's conduct which is a basis for determining that each of the requisites for commitment is met. If commitment is ordered, the findings shall also identify less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative." *Id*.

Here, the district court's order reflects that, by stipulation of the parties, the court admitted the verified commitment petition into evidence and, by reference, incorporated the contents of the petition as findings in the commitment order. Also, by stipulation of the parties, the court admitted into evidence the reports of Drs. Stevens and Vaccarella and, by reference, incorporated the contents of the reports as findings in the commitment order. The court noted in the order that it had reviewed Lowling-Forler's letter of September 11, 2018, and had heard a second letter written by her, which her attorney read to the court.

The court noted that Lowling-Forler's diagnosis was bipolar I disorder, manic, and it found that the diagnosis was supported by Lowling-Forler's conduct and medical condition, as described in the verified petition for commitment. Based on the contents of the petition, both court-appointed examiners' reports, and Lowling-Forler's testimony, the court concluded the evidence was clear and convincing that Lowling-Forler was mentally ill, as defined in Minn. Stat. § 253B.02 (2018). The court described various less-restrictive alternatives to commitment, such as, dismissal of commitment petition; voluntary outpatient care; voluntary admission to a treatment facility; appointment of a guardian or conservator; or release before commitment, and the court rejected them because they would not meet Lowling-Forler's treatment needs. The court therefore concluded that the least-restrictive alternative that met Lowling-Forler's needs was judicial commitment to the Minnesota Commissioner of Human Services.

We may review the record to find support for the district court's decision. *See Cty. of Morrison ex. rel Gutzman v. Watland*, 448 N.W.2d 71, 73 (Minn. App. 1989) (stating that when appropriate factors were considered by district court, appellate courts may independently review the record to find support for court's decision) (citing *Bowman v. Brooklyn Pet Hosp.*, 247 N.W.2d 424 (Minn. 1976)).

A person who is mentally ill is defined by statute, in pertinent part, as:

> Any person who has an organic disorder of the brain or a substantial psychiatric disorder of thought . . . which grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, which is manifested by instances of grossly disturbed behavior or faulty perceptions and poses a substantial likelihood of physical harm to self or others as demonstrated by:

> (1) A failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment; [or]
> (2) An inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided.

Minn. Stat. § 253B.02, subd. 13. Here, the record contains substantial evidence of Lowling-Forler's inability to obtain food, necessary shelter, or medical care as a result of her mental illness, and that she therefore posed a danger to herself. The examiners' reports describe specific instances of Lowling-Forler's conduct that evidenced that she was mentally ill. She repeatedly denied that she was mentally ill, and the evaluating doctors noted that this denial rendered her unable to reliably care for her needs. According to Dr. Stevens, when Lowling-Forler was admitted to the hospital, "she was in a very difficult condition physically, had not slept in days, and was dirty and disheveled and was largely talking nonsense. . . . it is quite unlikely that [she] could provide for her own housing, food, or be able to interact with other people." Lowling-Forler told staff that she wanted to burn down her home, and staff observed her to have auditory, visual, and tactile hallucinations. Dr. Vaccarella noted that Lowling-Forler was highly dependent on others to provide for her daily needs, and without continued support, she would likely decompensate.

We conclude that the district court's findings adequately support the commitment order, including that Lowling-Forler is a danger to herself, and we therefore affirm.

Affirmed.