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Minn. Stat. § 480A.08, subd. 3 (2018).*

**STATE OF MINNESOTA
IN COURT OF APPEALS
A19-1763**

In re the Matter of the Civil Commitment of:
Jesse James Adams.

**Filed April 27, 2020
Affirmed
Bratvold, Judge**

Anoka County District Court
File No. 02-PR-18-621

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Considered and decided by Reyes, Presiding Judge; Bratvold, Judge; and Bryan,
Judge.

UNPUBLISHED OPINION

BRATVOLD, Judge

Appellant challenges the initial and final orders indeterminately committing him as mentally ill and dangerous to the Minnesota Security Hospital in Saint Peter. Appellant does not challenge the district court's determination that he meets the criteria for commitment as mentally ill and dangerous. Rather, appellant argues that the district court erred in ordering him committed to a secure treatment facility instead of to a less restrictive treatment program in the community. Appellant contends we must reverse for two reasons:

(1) the district court erred in its interpretation of Minn. Stat. § 253B.18, subd. 1 (2018), which provides that appellant has the burden to prove by clear and convincing evidence that “a less restrictive treatment program is available,” and (2) the record does not support the district court’s determination that Adams did not provide clear and convincing evidence that a less restrictive treatment program was available. Because we conclude that the district court did not err in its interpretation of the relevant statute, and that the record evidence, when viewed in the light most favorable to the district court’s decision, supports its determinations, we affirm.

FACTS

In September 2016, the district court determined that appellant Jesse James Adams was incompetent to proceed in two criminal matters. It committed Adams as mentally ill to the Anoka Metro Regional Treatment Center (Anoka Treatment Center). After Adams regained competency, his criminal cases proceeded with bench trials on stipulated facts. On November 13, 2018, the district court found Adams not guilty by reason of mental illness on one count of first-degree criminal damage to property and also determined that he “bashed out the headlights and slashed the tires of a vehicle.” In the second criminal case, the district court also found Adams not guilty by reason of mental illness on two counts of second-degree assault, two counts of threats of violence, two counts of felony domestic assault, and one count of domestic assault by strangulation. The district court also determined that Adams threatened to kill and assaulted his mother and girlfriend by hitting, choking, pushing, stomping, and using a metal pipe.

Anoka County (the county) petitioned to commit Adams as mentally ill and dangerous to the public. During a three-day evidentiary hearing, the district court received testimony from two court-appointed examiners, Dr. James Gilbertson and Dr. Anne Pascucci, four witnesses from Anoka County and Anoka Treatment Center, and Adams. The district court received 15 exhibits by stipulation of the parties, including prior Anoka County civil-commitment orders, police reports, district court criminal files, and examiner reports.

On March 18, 2019, the district court issued a 23-page order with 57 findings of fact and 12 conclusions of law (March initial order). First, the district court determined that the county had proved by clear and convincing evidence that Adams has “persistent lifelong mental illness.” The district court accepted that Adams had stipulated to his mental illness, but also relied on his diagnoses at the Anoka Treatment Center—schizoaffective disorder, unspecified, polysubstance-use disorders, antisocial personality disorder, and post-traumatic stress disorder—and the opinions of Drs. Gilbertson and Pascucci. More specifically, the district court found that Adams’s mental illness “manifests in part with a fixed delusion that he is an FBI agent that people want to kill. This persistent delusion makes him a serious threat to others.” Indeed, during Adams’s testimony, he stated, as summarized by the district court, “that he joined the FBI 15 years ago, that he is still with the FBI, and that someone, perhaps [a local television journalist], wants to kill him due to his affiliation with the FBI.”

Second, the district court determined that the county had proved by clear and convincing evidence that Adams presents a clear danger to the safety of others. The district

court found that Adams “does not contest that he has engaged in overt acts attempting to cause serious harm to another based on his conviction history” and relied on the factual findings in the two criminal cases discussed above. In brief, the district court found that Adams had “inflicted serious harm on his mother and girlfriend in 2016 while suffering from his mental illnesses, and he has numerous other instances of assaulting others.” The district court also found that the county had proved by clear and convincing evidence “that there exists a substantial likelihood that Mr. Adams will engage in acts capable of inflicting serious physical harm on another in the future.”

Third, the district court considered whether Adams had established by clear and convincing evidence that a less restrictive treatment program is available. The district court initially recognized that the expert testimony conflicted on the appropriate placement for Adams. Dr. Gilbertson recommended the Minnesota Security Hospital in St. Peter as “the most appropriate placement” for Adams because he believes “the issue is public safety.” The district court summarized Dr. Gilbertson’s testimony: “Only the doors at St. Peter are actually locked,” and that “[a]t the 24/7 facilities, the doors are alarmed and workers are present to [e]nsure that patients remain supervised in the facility, but the doors are not actually locked.”

In contrast, Dr. Pascucci opined that “there are less restrictive alternative placements” for Adams because a less secure setting will meet his treatment needs so long as it is “a locked residential placement with 24-hour staffing.” Dr. Pascucci agreed that “locked” in a community treatment program meant “alarmed doors, windows, beds and 24/7 monitoring/supervision, not a facility where the doors are actually locked at all times.”

The district court found that “the only place where [Adams] has demonstrated a prolonged period of psychiatric stability” is the Anoka Treatment Center, but “this facility is no longer appropriate because it is an acute, i.e. short term, care facility.” Thus, the district court found that “St. Peter is the only appropriate long term care facility that has been identified as an alternative facility that meets the above stated needs.”

The district court’s March initial order committed Adams to the commissioner of human services as a person who is mentally ill and dangerous to the public, directed placement at a secure treatment facility, “which by statutory definition is the Minnesota Security Hospital at St. Peter,” and required that a follow-up treatment report be filed, as well as set the case for a review hearing.

Adams remained at the Anoka Treatment Center pending his review hearing. In May 2019, Dr. Stephanie Bruss, an examiner for the Minnesota Security Hospital, submitted a 60-day evaluation report in which she stated that Adams continues to be a person who is mentally ill and dangerous. At Adams’s request, the district court appointed a second examiner, Dr. Tyler Dority, who submitted a report also stating that Adams continues to be a person who is mentally ill and dangerous.

At the July 2019 review hearing, the district court heard testimony from Drs. Bruss and Dority, an Anoka Treatment Center social worker, and Adams. The district court received 15 exhibits, including written reports by both examiners, Dr. Bruss’s risk assessment completed in May 2019, and Anoka Treatment Center progress notes.

In September 2019, the district court issued findings of fact, conclusions of law, and order (September final order). The district court found that clear and convincing evidence

established that Adams continues to be mentally ill and dangerous and that he has “engaged in an overt act causing or attempting to cause serious physical harm to another and is likely to [do so] again in the future.” The district court also found that available community treatment “would not appropriately address [Adams’s] mental illness and would not reduce the . . . risk to the public.” On the other hand, the district court found that clear and convincing evidence showed that the security hospital “can provide appropriate treatment, structure, and supervision for” Adams and found “there is no lesser restrictive alternative to indeterminate commitment to Minnesota Security Hospital available to” Adams. Finally, the district court committed Adams “to the Minnesota Security Hospital as a person who is mentally ill and dangerous to the public for an indeterminate period of time.”

Adams appeals.

D E C I S I O N

A district court may commit an individual as mentally ill or mentally ill and dangerous. *See* Minn. Stat. § 253B.02, subds. 13, 17 (2018); Minn. Stat. § 253B.13, subd. 1 (2018); Minn. Stat. § 253B.18, subd. 3 (2018). An individual is mentally ill if they have an “organic disorder of the brain or a substantial psychiatric disorder” that poses a substantial likelihood of physical harm to self or others. Minn. Stat. § 253B.02, subd. 13. An individual is mentally ill and dangerous if he or she meets the elements of mentally ill and “presents a clear danger to the safety of others” showed by “an overt act causing or attempting to cause serious physical harm to another” and “there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.” *Id.*, subd. 17.

When the county petitions for commitment alleging that an individual is mentally ill and dangerous, a district court conducts an initial hearing under Minn. Stat. § 253B.18, subd. 1. If, based on evidence received at the hearing, the district court finds by clear and convincing evidence that the individual is mentally ill and dangerous, the district court “shall commit the person to a secure treatment facility or to a treatment facility willing to accept the patient under commitment.” Minn. Stat. § 253B.18, subd. 1(a). But if the “patient establishes by clear and convincing evidence that a less restrictive treatment program is available that is consistent with the patient’s treatment needs and the requirements of public safety,” then the district court must place the patient in a less restrictive treatment program (less-restrictive-alternative provision). *Id.*

If the district court commits a patient to a secure treatment facility, then the court must conduct a review hearing “to make a final determination as to whether the person should remain committed as a person who is mentally ill and dangerous to the public.” *Id.*, subd. 2(a) (2018). The treatment facility must provide the court with a treatment report within 60 days after commitment. *Id.* If the district court finds, based on the review hearing, that the patient continues to be mentally ill and dangerous, then the court “shall order commitment of the proposed patient for an indeterminate period of time.” *Id.*, subd. 3. After indeterminate commitment, the district court may transfer, provisionally discharge, or discharge the patient, as provided in section 253B.18. *Id.*

On appeal from an order of indeterminate commitment, this court reviews the district court’s findings of fact for clear error and “[t]he record is viewed in the light most favorable to the trial court’s decision.” *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995).

“Where a district court is presented with conflicting expert testimony as to the patient’s treatment, the discretion accorded to the district court takes on special significance, and will not be reversed unless clearly erroneous.” *In re Dirks*, 530 N.W.2d 207, 211 (Minn. App. 1995). “It is within the province of the trial court to resolve any conflicting evidence.” *In re Clemons*, 494 N.W.2d 519, 520 (Minn. App. 1993). Appellate courts defer to the district court’s credibility determinations. *Knops*, 536 N.W.2d at 620. We review questions of statutory interpretation de novo. *Irwin v. Goodno*, 686 N.W.2d 878, 880 (Minn. App. 2004).

I. The district court did not err in its interpretation of the less-restrictive-alternative provision in Minn. Stat. § 253B.18, subd. 1(a).

Adams does not dispute the district court’s determination that he is mentally ill and dangerous nor does he challenge any of the district court’s factual findings related to this determination. Rather, Adams argues that the district court erred when it interpreted the less-restrictive-alternative provision in subdivision 1(a) to require clear and convincing evidence that an alternative treatment program be available “at this time” and willing to accept appellant. The county argues that the district court correctly interpreted and applied the statute.

Both parties rely on the language of the less-restrictive-alternative provision in Minn. Stat. § 253B.18, subd. 1(a), which states:

If the court finds by clear and convincing evidence that the proposed patient is a person who is mentally ill and dangerous to the public, it shall commit the person to a secure treatment facility or to a treatment facility willing to accept the patient under commitment. The court shall commit the patient to a secure treatment facility unless the patient establishes by clear

and convincing evidence that a *less restrictive treatment program is available* that is consistent with the patient's treatment needs and the requirements of public safety.

(Emphasis added.) Adams argues that the district court erroneously interpreted “available,” even though Adams does not suggest a different definition of “available.” Adams appears to argue that because he offered clear and convincing evidence of the existence of a less restrictive treatment program, he satisfied his burden under subdivision 1(a). The county argues that subdivision 1(a) requires the patient to prove, first, that a less restrictive alternative exists and is “willing to accept the patient under commitment,” as stated in the sentence before the less-restrictive-alternative provision. Second, the county argues that subdivision 1(a) requires “clear and convincing evidence that a less restrictive treatment program is available that is consistent with the patient’s treatment needs and the requirements of public safety.”

The goal of statutory interpretation is to “effectuate the intent of the legislature.” *State v. Koenig*, 666 N.W.2d 366, 372 (Minn. 2003). We first determine “whether the statute’s language on its face is clear and unambiguous.” *State v. Carufel*, 783 N.W.2d 539, 542 (Minn. 2010). In doing so, we give words and phrases “their plain and ordinary meaning” and may consider dictionary definitions. *Hince v. O’Keefe*, 632 N.W.2d 577, 582 (Minn. 2001); *Carufel*, 783 N.W.2d at 542. We may also consider the disputed language in the context of the statutory provision, as well as related statutory schemes. *State v. Struzyk*, 869 N.W.2d 280, 287 (Minn. 2015) (“We read and construe a statute as a whole and interpret each section in light of the surrounding sections to avoid conflicting interpretations.”). If the statutory language is unambiguous, we apply its plain meaning.

In re Commitment of Fugelseth, 907 N.W.2d 248, 254 (Minn. App. 2018) (quotation omitted), *review denied* (Minn. Apr. 17, 2018).

Because section 253B.18 does not define “available,” we refer to a dictionary definition to help us understand its common meaning. *Hince*, 632 N.W.2d at 582; *Carufel*, 783 N.W.2d at 542. “Available” is defined as “present and ready for use.” *The American Heritage Dictionary* 123 (5th ed. 2011). The parties suggest no other reasonable definition of “available,” thus, we find the less-restrictive-alternative provision to be unambiguous. And because subdivision 1(a) states, “is available,” we conclude that the legislature intended “available” to be proved in the present tense. Thus, the plain meaning of the less-restrictive-alternative provision requires clear and convincing evidence that the alternative program is “present and ready for use” at the time of commitment, rather than at some point in the future.

We agree with the county that this interpretation of “available” fits with the rest of the language in subdivision 1(a) and gives effect to the legislature’s intent. The less-restrictive-alternative provision specifically states that the patient must offer clear and convincing evidence that the alternative treatment program “*is consistent with the patient’s treatment needs and the requirements of public safety.*” Minn. Stat. § 253B.18, subd. 1(a) (emphasis added). Because the alternative treatment program must have qualities that meet the patient’s needs and public-safety requirements, availability at the time of commitment must be proved. Also, the sentence preceding the less-restrictive-alternative provision states that a district court must commit a mentally ill and dangerous person to a secure treatment facility “or to a treatment facility *willing to accept* the patient under

commitment.” *Id.* (emphasis added). Because the treatment facility must be “willing to accept the patient under commitment,” the treatment facility must be available at the time of commitment.

Adams makes three additional arguments that we will discuss in turn. First, Adams argues that by requiring him to “prove an alternative placement during the pendency of the MI&D commitment,” the district court made “an inappropriate and unnecessary addition to the plain-language” of subdivision 1(a). We disagree because subdivision 1(a)’s language specifically requires that a less restrictive treatment alternative “is available” and “willing to accept” the patient. Thus, the district court did not add language to subdivision 1(a).

Second, Adams argues that “the legislature could not have intended to have the less restrictive treatment program language read so narrowly.” Adams contends that requiring him to prove the availability of a less restrictive placement alternative at the same time that his mentally ill and dangerous petition is pending, is “absurd and unreasonable” and “impossible.” Adams is correct that “[c]ourts should construe a statute to avoid absurd or unjust consequences.” *Hince*, 632 N.W.2d at 582. But the district court’s interpretation does not create an absurd result. Instead, its interpretation of the less-restrictive-alternative provision gives meaning to the statutory requirement that the treatment program “is consistent with the patient’s treatment needs and the requirements of public safety.” Minn. Stat. § 253B.18, subd. 1(a). A less restrictive alternative must be able to meet Adams’s treatment needs, which includes the needs associated with being committed as mentally ill and dangerous.

The county argues that the less-restrictive-alternative provision for a patient committed as mentally ill and dangerous “closely parallels” a similar provision in Minn. Stat. § 253D.07, subd. 3 (2018), which governs commitments for sexually dangerous persons (SDP) or persons with a sexual psychopathic personality (SPP). Subdivision three states that upon a district court’s determination that a person is either SDP or SPP, “the court shall commit the person to a secure treatment facility unless the person establishes by clear and convincing evidence that a less restrictive treatment program is available, is willing to accept the respondent under commitment, and is consistent with the person’s treatment needs and requirements of public safety.” Minn. Stat. § 253D.07, subd. 3. The county argues this comparison shows that the “legislature intended” the mentally ill and dangerous and “SDP/SPP commitments to be treated similarly” because both recognize the “unique treatment and security needs” of a committed individual. We agree that the analogy to the SDP/SPP statutes is persuasive and supports our view of the plain meaning of subdivision 1(a).

Third, Adams argues that the mentally ill and dangerous petition prevented him from locating a “willing placement,” record evidence shows that there were “viable alternative placements” before the petition was filed, and that the county’s efforts to locate an alternative placement stopped after the petition was filed. We are not persuaded. Adams overlooks that the district court must commit the patient to a secure treatment facility or a treatment facility “willing to accept the patient under commitment.” Minn. Stat. § 253B.18, subd. 1(a). This language plainly requires that the treatment facility’s acceptance must be for the patient “under commitment.” As for the county’s efforts to seek an alternative

placement for Adams, it is true that placement efforts stopped after the county filed Adams's petition. But record evidence establishes that, before the petition was filed, the county had applied to at least 20 and as many as 40 different treatment facilities on Adams's behalf. In fact, one treatment facility accepted Adams, but he declined because the Duluth location was "too far away."

We recognize, as did the district court, that Adams faced several barriers that may have prevented his placement in a community treatment program. Adams has a criminal history that includes convictions for assault and damage to property. Dr. Pascucci and Dr. Gilbertson testified that Adams has fixed delusions, even when medically compliant, and that his history of medication noncompliance is concerning. The district court also acknowledged that Adams had a lack of options "[d]ue to policy decisions made by the State," and observed that "only a limited number of corporate foster care facilities exist." While these barriers to community placement are troubling, they do not affect our interpretation of the less-restrictive-alternative provision in Minn. Stat. § 253B.18, subd. 1(a).

We conclude that the district court did not err in its interpretation or application of the less-restrictive-alternative provision when it determined that the provision required Adams to prove, by clear and convincing evidence, that an alternative treatment program must be willing to accept him under his commitment as mentally ill and dangerous, available at the time of commitment, and provide a program that is "consistent with" Adams's "treatment needs and the requirements of public safety." See Minn. Stat. § 253B.18, subd. 1(a).

II. The record evidence supports the district court’s determination that Adams failed to prove by clear and convincing evidence that a less restrictive alternative is available.

Adams argues that he established by clear and convincing evidence that “a willing less restrictive treatment program was available to him.” The county argues that the district court’s finding that no alternative treatment program is “willing to take” Adams is supported by record evidence.

We agree with the county’s view of the record evidence. First, we acknowledge that, in its March initial order, some of the district court’s language was less than clear. The district court found that Anoka Treatment Center was “no longer an appropriate placement” because it offers only short-term acute care that Adams no longer required. The district court found that “St. Peter is an appropriate placement, but it is also the most restrictive placement available.” In the next sentence, the district court found that “a corporate foster care facility with 24/7 supervision and alarmed doors, at a minimum, with person[nel] capable of making sure that Mr. Adams takes his medications is necessary for his protection and the protection of the public, would be most appropriate.”

But Adams’s argument that the district court’s findings are clearly erroneous or somehow yield the conclusion that alternative treatment is available does not hold up when we consider the rest of the paragraph. The district court also found that no evidence established that corporate foster care “that meets these criteria [and] that is willing at this point to take Mr. Adams exists.” The district court added, “In fact, the evidence is to the contrary”; “[a]t this point, as a matter of fact, St. Peter is the only viable long term placement option available.”

The district court's determination relied on testimony from several social workers and other witnesses who tried to find an alternative treatment program for Adams. For example, an Anoka County social worker in the adult mental-health unit testified that he had worked with Adams since September 2016, had monitored Adams's progress, and assisted with discharge planning. He testified that he considered over 20 placements for Adams, and agreed that location, Adams's criminal history, and financial assistance were barriers to finding a placement. The social worker testified that a facility in Duluth was willing to accept Adams, but Adams refused "because it was too far away." When asked why Adams could deny placement at the Duluth facility, the social worker replied, "We would want him on board as much as possible to make it a successful . . . program."¹

An Anoka County waiver supervisor also testified that she tried to locate an appropriate treatment facility for Adams. As summarized by the district court, the waiver supervisor testified that "at least 40 placement sites were attempted for provisional discharge of [Adams], which is more than normal" and that "[m]ultiple agencies declined to accept [Adams] for various reasons." She agreed that no appropriate facility accepted Adams.²

¹ An Anoka Treatment Center social worker testified that she "work[ed] with Mr. Adams to eliminate barriers to discharge" and helped in his placement efforts. As stated by the district court, the social worker testified that "any placement must be a good fit" for Adams because he "has threatened to leave any structured placement he would move to."

² For example, the waiver supervisor testified that James Inc. showed interest in Adams, but the county rejected the placement because it was a senior assisted-living facility.

Adams offered testimony from a nonprofit program director, who stated that she "researched placements and made placement referrals" for Adams. She testified, as

It is true that one examiner recommended that Adams be placed in a community treatment program. But Dr. Pascucci's opinion that Adams should be placed in an alarmed treatment facility conflicted with testimony from Dr. Gilbertson. When expert testimony conflicts, we defer to the district court's assessment of credibility and weight assigned to the evidence. *See Clemons*, 494 N.W.2d at 520; *see also In re Civil Commitment of Stone*, 711 N.W.2d 831, 839 (Minn. App. 2006) ("The district court acts within its discretion in determining the credibility of expert testimony, and we defer to those assessments."), *review denied* (Minn. June 20, 2006).

Indeed, Dr. Pascucci's testimony provided ample grounds for the district court to question the weight given to her placement opinion. Dr. Pascucci agreed that Adams still has delusions even when medically compliant and that his "lack of insight [into his delusions] remains a risk factor." Dr. Pascucci also opined that Adams was "at risk to be dangerous to other people in the future."³ And Dr. Pascucci agreed on cross-examination that the security hospital would provide the care that Adams needs.

summarized by the district court, that she was looking at "placements with 24/7 supervision" such as "corporate foster care and customized living." She also testified that her placement search stopped because of the mentally ill and dangerous petition, and that there are still "unexplored placement options available." While this supports Adams's claim that an alternative treatment program may exist, it does not affect our analysis, which considers whether record evidence supports the district court's findings and defers to the district court to weigh the evidence. *See In re Civil Commitment of Spicer*, 853 N.W.2d 803, 807 (Minn. App. 2014); *Clemons*, 494 N.W.2d at 520.

³ Adams points out that Dr. Pascucci observed that Adams has had "behavioral control for about a year" and has shown "an increased cooperation with supervision and treatment." But the district court found, after hearing from both examiners at the review hearing, that Adams's "demonstration of some behavior self-control while at the restricted and artificial environment at [Anoka Treatment Center] is not determinative on the issue of whether he

Additionally, Dr. Gilbertson was not alone in his opinion that Adams should be committed to the Minnesota Security Hospital. Adams's brief to this court omits any discussion of the testimony by the two examiners at the review hearing. Dr. Bruss's testimony, as found by the district court, "rejected lesser restrictive alternatives to committing [Adams] to the Minnesota Security Hospital and opined the Minnesota Security Hospital best aligns with [Adams's] present treatment and supervision needs." The district court also found that Dr. Dority opined that Adams "would not be cooperative with less restrictive alternatives to commitment."

Based on all of the evidence, the district court determined that Adams requires a facility with locked, not alarmed, doors, and that the security hospital in St. Peter was the only locked facility willing to accept Adams. We conclude that this determination is not clearly erroneous. *See Clemons*, 494 N.W.2d at 519 (affirming commitment to a secured hospital as mentally ill and dangerous and where appellant had a violent criminal history, was non-compliant with medications, and had limited family support and insight); *In re Schauer*, 450 N.W.2d 194, 197-98 (Minn. App. 1990) (affirming commitment to a secured hospital as mentally ill and dangerous where appellant had exhibited violent conduct, had been non-compliant with medication in a stressful environment, and was unlikely to report a "deterioration" in his mental condition).

Adams also argues on appeal that the district court erred in rejecting his "serial commitment" option. Adams argued to the district court that it should commit Adams as

remains mentally ill and dangerous or would have appropriate self-control in a less restrictive environment."

mentally ill, instead of mentally ill and dangerous, as a less restrictive alternative that would allow him to be placed in a community treatment program. As described by the district court, an order committing Adams as mentally ill would be for six months, could be extended up to one year, and could be followed by subsequent petitions.

In the March initial order, the district court rejected Adams's serial-commitment argument as flawed because Adams "has not proven by clear and convincing evidence that a facility exists that would meet his needs and protect the safety of the community." The district court relied on evidence that Adams has a "history of medication non-compliance" that "leads to violent outbursts," and therefore requires "24/7 supervision and alarmed doors, at a minimum, with personnel capable of making sure that [he] takes his medications and does not leave the facility unmonitored." The district court also found that there is no facility that "has been identified" and that "meets the above stated needs" except the security hospital in St. Peter.

In the September final order, the district court also rejected Adams's serial-commitment argument, reasoning that it "is not sufficient to meet [Adams's] long-term treatment needs and would not address concerns of public safety." The district court summarized the evidence: Adams's "history reflects his need for the level of supervision that is only available under a commitment as a mentally ill and dangerous person."

We conclude that record evidence supports the district court's determination that Adams did not show by clear and convincing evidence that a less restrictive alternative is available, and thus we affirm.

Affirmed.