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**STATE OF MINNESOTA
IN COURT OF APPEALS
A20-0752**

In the Matter of the Civil Commitment of:
Caleb M. Coleman.

**Filed November 2, 2020
Affirmed
Segal, Chief Judge**

Hennepin County District Court
File No. 27-MH-PR-19-117

Mark Gray, St. Paul, Minnesota (for appellant Caleb M. Coleman)

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Minnesota (for respondent Hennepin County Human Services)

Considered and decided by Segal, Chief Judge; Larkin, Judge; and Reilly, Judge.

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

SEGAL, Chief Judge

Caleb M. Coleman challenges his initial and continued commitments as mentally ill and dangerous. He argues that the district court's findings of fact are insufficient because they merely recite the testimony, are conclusory and are not connected to the conclusions of law. Because the district court's findings are sufficiently particular, we affirm.

FACTS

At age 12, Coleman was hospitalized because he was having hallucinations that told him to kill himself. Later, Coleman was subject to additional hospitalizations and treatments for violent thoughts and behaviors, psychological problems, and chemical abuse. Coleman admits that he “has a significant history of trauma, conduct issues, and mental health symptoms,” “an extensive history of substance use,” and that he entered the correctional system at age 16 in 2016 for first degree arson and for domestic assault. He was charged with these crimes because he had disabled a smoke detector and set his mother’s bed on fire while she was sleeping on it. He said that “the voice in his head made him do it.” Coleman admitted to the resulting arson charge, and consented to being an Extended Jurisdiction Juvenile (EJJ). Coleman was initially housed at the Red Wing facility but his EJJ status was revoked, his placement at the Red Wing facility was terminated, and his adult criminal sentence was executed because of his “ongoing negative behaviors.”

Coleman was later placed in the Youthful Offender Program at the Lino Lakes facility, where he made some progress. When he reached age 18, however, he was transferred to adult detention, where he regressed. Coleman admitted to “displaying concerning mental health symptoms,” and he was then transferred to the mental health unit of the Oak Park Heights correctional facility.

In a November 2018 order, the district court committed Coleman as mentally ill and, when Coleman reached his release date from prison in January 2019, he was transferred

from the Oak Park Heights facility to the Anoka Metro Regional Treatment Center (AMRTC). While at AMRTC, Coleman engaged in behaviors that included grabbing people, giving staff “bear hugs,” and smearing and consuming feces. In March 2019, Coleman was transferred to the Minnesota Security Hospital (MSH) because his behavior required a more secure environment.

Hennepin County filed a petition with the district court to commit Coleman as mentally ill and dangerous (MI&D). Following a two-day hearing, the district court granted the county’s petition, and committed Coleman to the commissioner of human services as MI&D. After a three-day review hearing, the district court noted that Coleman showed “substantial improvement” over his previous conduct, but continued Coleman’s commitment as MI&D for an indeterminate period of time. Coleman appeals, challenging the district court’s findings of fact in both the order initially committing him as MI&D, and the order continuing that commitment.

D E C I S I O N

To commit a person as MI&D, the person must be both “mentally ill,” and, as a result of that illness, “dangerous.” Minn. Stat. § 253B.02, subd. 17(a) (2018). Coleman argues in this appeal that the district court’s findings of fact are insufficient to support the determination that he is mentally ill. He does not challenge the district court’s determination that he is “dangerous” within the meaning of the commitment statute. Appellate courts review de novo whether a district court’s findings of fact satisfy the

statutory criteria for commitment. *In re Civil Commitment of Spicer*, 853 N.W.2d 803, 807 (Minn. App. 2014).

Coleman bases his argument on this court's opinion in *Spicer*. There, this court found three types of deficiencies in the district court's findings of fact: (1) the findings were mere summaries or recitations of the testimony presented at trial "without commenting independently either upon [the expert's] opinions or the foundation for their opinions or the relative credibility of the various witnesses;" (2) "nearly all" of the district court's "true findings" were stated in a conclusory manner and, as a result, this court was "unable to determine which portions of which experts' opinions the district court relied on when making findings of fact and conclusions of law;" and (3) the findings were "not meaningfully tied to its conclusions of law." *Id.* at 810-11 (citations and other internal quotations omitted). As a consequence, the case was reversed in part and remanded on the ground that the commitment order was not supported by sufficiently particular findings of fact. Coleman claims that the district court committed these same three errors in its orders in this case and that reversal is required. We disagree.

Coleman's lengthy and complex psychiatric history is detailed in the record. At the initial commitment trial, four psychiatric witnesses testified, including two court-appointed experts, Dr. Mary Marth and Dr. Michael Thompson, along with Dr. Matthew Kruse from AMRTC and Dr. Joshua Griffiths, the Medical Director of MSH.

While it is true that the district court reviewed and summarized the expert testimony in its findings of fact, the court also set out its independent evaluation of the testimony and

reports from these four experts. For example, with regard to Dr. Marth's testimony and report, the district court stated that "[a]lthough Dr. Marth indicated this was her first [MI&D] Evaluation, [her report is] thoroughly prepared and her testimony credible." As to Dr. Thompson's report, the district court explicitly noted Coleman's criticisms of that report and weighed those criticisms when it reviewed the report, stating as follows: "[t]he court agrees [with Coleman] that it would have been helpful for Dr. Thompson to have listed in his report the documents he reviewed and [the court] recognizes that [Dr. Thompson's] report contains some mistakes, and the Court has taken this into consideration when reviewing his report."

Finally, as to the testimony of Drs. Kruse and Griffiths, the district court notes the disagreements between the two on Coleman's status as mentally ill and the appropriate placement for him, but concludes that it "gives more weight to Dr. Kruse's testimony than Dr. Griffiths' as Dr. Griffiths only observed [Coleman] since March 2019 when [Coleman] arrived at [MSH]; whereas Dr. Kruse witnessed [Coleman's] behavior firsthand at AMRTC." These statements set out the district court's reasons for assessing the relative credibility of these witnesses and their reports, and thus distinguish this case from the deficiencies of the findings in *Spicer*.

At the trial for the continued or indeterminate commitment order, there was testimony again from Dr. Griffiths; along with testimony by Dr. Joanna Hachtel, who authored the 60-day forensic evaluation report; Dr. Andrea Lovett, an expert retained by the Hennepin County Attorney's Office; and Coleman. The district court's findings again

summarize the evidence and testimony presented, but the findings go on to explain the district court's assessment of the relative credibility of the witnesses in light of the consistency of those assessments with the rest of the record:

[T]he court finds the testimony and opinion of Dr. Lovett to be the most persuasive with regard to [Coleman's] diagnoses and a finding that [Coleman] remains [MI&D]. Dr. Lovett's qualifications and experience were influential to the court in making this finding. The court recognizes and respects the opinions of Dr. Griffiths and Dr. Hachtel, but it must review the evidence as a whole and the credibility of the professional reports and witnesses. In doing so, the court cannot ignore [Coleman's] past behavior and finds that Dr. Lovett's opinion is the most convincing in this matter.

Thus, the findings regarding these experts go further than the findings we found deficient in *Spicer* and contain sufficient analysis for appellate review.

Coleman also argues that the findings of fact are not meaningfully connected to the conclusions of law. This argument, however, focuses just on the paragraphs in the findings that summarize the testimony and evidence and ignores later paragraphs that set out the basis for the district court's findings. For example, with regard to the district court's conclusion in the initial commitment order that Coleman has a mental illness, finding five of the order states as follows: "The court finds that although there [are] varying diagnoses for [Coleman], [Coleman] is mentally ill with a substantial disorder of his thought, which grossly impairs his judgment and behavior." The district court's findings go on to state that "[Coleman's] mental illness is manifested by instances of grossly disturbed behavior and faulty perceptions." The court then identifies specific examples of both, setting out

those examples affirmatively and in detail, and not as a mere summary or recitation of the submissions from the experts.

Turning to the continued commitment order, one of the findings states:

The court finds that [Coleman] continues to be a person who is [MI&D] to the public. [Coleman] has improved since being at [MSH], and he is currently exhibiting fewer symptoms of his mental illness. However, after considering the evidence as a whole, the court finds, by clear and convincing evidence, that [Coleman] meets the requirements of a person that continues to be [MI&D].

The order then summarizes the history of Coleman’s case, focusing on events since the initial commitment order, stating that these events show that “[a]lthough [Coleman’s] behavior has improved, he continues to demonstrate periods of assaultive, threatening, and aggressive behaviors, in spite of the fact that he understands such behavior will jeopardize his chances of release and a finding that he is no longer [MI&D].” The district court also acknowledged Coleman’s “improvement while at [MSH] without the use of neuroleptics” but went on to state that it “cannot ignore the evidence before it, which has shown by clear and convincing evidence that [Coleman] continues to be a person who is [MI&D].” The findings in the continued commitment order identify the evidence the district court found persuasive, which facts it found important, and which factors were significant in reaching its conclusions of law.

We, therefore, conclude that both the initial and the continued commitment orders contain sufficient findings of fact and satisfy the standards articulated in *Spicer*.

Affirmed.