STATE OF MINNESOTA
IN COURT OF APPEALS
A20-1473

In the Matter of the Civil Commitment of:
Joshua Ervin Thomas Staebler.

Filed May 17, 2021
Affirmed
Bratvold, Judge

Stearns County District Court
File No. 73-PR-20-3872

Tucker L. Isaacson, Bradshaw & Bryant, PLLC, Waite Park, Minnesota (for appellant Joshua Staebler)

Janelle P. Kendall, Stearns County Attorney, Nathan S. Crowe, Assistant County Attorney, St. Cloud, Minnesota (for respondent Stearns County Human Services)

Considered and decided by Bratvold, Presiding Judge; Bryan, Judge; and Halbrooks, Judge.[*]

NONPRECEDENTIAL OPINION

BRATVOLD, Judge

Appellant challenges an order committing him to the Forensic Mental Health Program at the Minnesota Security Hospital as a person who is mentally ill and dangerous to the public. Appellant argues that the district court erred because (A) the record establishes that he is developmentally disabled, not mentally ill; (B) a less restrictive

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

alternative is available; and (C) his indeterminate commitment is "preventive detention" in violation of federal and Minnesota law. Appellant raises the preventive-detention issue for the first time on appeal, so we decline to review it. Because we determine that clear and convincing record evidence supports the district court's commitment decision, we affirm.

FACTS

Appellant Joshua Ervin Thomas Staebler was 22 years old when the district court issued its decision. Staebler has lived in group homes, foster homes, and treatment facilities since the age of 12. Born in Guatemala, Staebler lived in an orphanage until he was adopted as a one year old. As he was growing up, Staebler experienced domestic violence within his home, his parents divorced, and he exhibited behavioral problems. He was hospitalized in 2010 and placed in a foster home. Staebler attended high school in Sauk Rapids, had an Individualized Education Program, and had a history of suspensions for fighting and stealing. Staebler has never had a job and has alternated between hospitalizations, out-of-home placements, and his parents' homes.

In September 2017, Staebler assaulted and threatened his sister. When law enforcement arrived, Staebler would not cooperate and tried to run away. Under a court order, Staebler completed rule 20.01 and 20.02 evaluations and the examiner concluded that Staebler was competent to proceed and understood the wrongfulness of his actions.[1] In April 2018, the district court convicted Staebler of terroristic threats for this incident.

[1] Under Minn. R. Crim. P. 20.01, a district court may order a mental examination of a criminal defendant to determine whether that defendant is competent to participate in legal proceedings. Under Minn. R. Crim. P. 20.02, the district court may order a mental

In July 2018, Staebler assaulted and threatened his mother. The state charged Staebler with second-degree assault, felony domestic assault, and terroristic threats. In October 2018, Staebler was admitted to REM Minnesota, a group home. While there, Staebler was involved in several fights with other residents; sometimes law enforcement became involved.

In December 2018, the district court considered a rule 20.01 evaluation and determined that Staebler was incompetent to proceed in the criminal case arising from the July 2018 assault because of his mental illness. REM discharged Staebler in August 2019. Three months later, the district court committed Staebler as mentally ill to Minnesota Life Bridge – Broberg Lake (Life Bridge), a group home.

In June 2020, respondent Stearns County Human Services (the county) petitioned to commit Staebler as mentally ill and dangerous to the public. During the scheduled evidentiary hearing, the parties told the district court they had stipulated to the entry of an initial commitment order. The district court received the petition and Staebler's psychological evaluation by Dr. Tim Tinius, the court-appointed examiner, as evidence. The district court received six more exhibits by stipulation of the parties, including the rule 20 evaluations from both criminal incidents, the criminal complaints from both incidents, a sheriff's report from a separate incident where law enforcement responded to Life Bridge, and reports from Life Bridge. The district court asked the county to submit a proposed order, which the district court signed.

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examination of a criminal defendant if that defendant intends to offer evidence of mental illness at trial or if that defendant asserts a mental-illness defense.

The six-page order (June initial order) includes two key determinations. First, the district court determined that the county had proved by clear and convincing evidence that Staebler has "an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory 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." The district court found that Staebler is a person with an intellectual disability, intellectual developmental disorder, impulse control disorder, delusional disorder, and reactive attachment disorder. The district court relied on records documenting Staebler's diagnoses and the opinions of Staebler's examiners. The district court also found that Staebler told one examiner that there are times he gets "so angry that he does not know what he is doing and does not remember his actions." Another examiner concluded that Staebler's statements appeared to reflect psychotic symptoms, and found that Staebler "had a difficult time distinguishing between fantasy and reality but did not have a psychotic disorder." Dr. Tinius opined, and the district court found, that Staebler met the criteria for commitment as a person who has a mental illness.

Second, the district court determined that the county had proved by clear and convincing evidence that Staebler presents "a clear danger to the safety of others." The district court found that Staebler "has engaged in overt acts causing or attempting to cause serious physical harm to another and there is a substantial likelihood that [Staebler] will engage in acts capable of inflicting serious physical harm on another." The district court relied on the two criminal incidents that led to the petition, as well as two violent incidents

at Staebler's group home. In May 2020, Staebler hit a staff member, threatened other staff members, and then smashed out the back window of a staff person's car with a plastic chair. In June 2020, when Staebler became angry at a staff member, he punched himself, slammed himself against a wall, and then threatened to kill himself. The district court also cited Dr. Tinius's conclusion that there is a "substantial likelihood" Staebler "would inflict serious harm on others." The district court found that Staebler is a danger to others because of his history of violent and threatening behaviors and the likelihood that he will commit similar acts of harm in the future.

The district court did not mention less restrictive alternative placements in the June initial order, but commented on Staebler's current placement at a group home. The district court found that "[e]ven while in a group home setting, [Staebler] presents a substantial danger to others. When [Staebler] is not allowed to do what he wants, he damages property. [Staebler] routinely leaves the group home without permission and is threatening to staff members when they try to bring him back to the group home." Dr. Tinius opined that there was no other least restrictive alternative to commitment. Dr. Tinius added that Staebler was "appropriately placed in a temporary group home and there is a plan to have him transferred to a separate group home where he will continue to receive 24-hour care to manage his behavior."

The June initial order committed Staebler to the commissioner of human services as a person who has a mental illness and is dangerous to the public, and directed placement at a "secure treatment facility"—which is the Minnesota Security Hospital in St. Peter. The

district court ordered that a follow-up treatment report be filed and set the case for a review hearing.

Staebler remained at Life Bridge pending his review hearing. In August 2020, Dr. Colt Blunt, an examiner for the Minnesota Security Hospital, submitted a 60-day evaluation report. Dr. Blunt's report has four important parts.

First, Dr. Blunt's report described Staebler's history and previous diagnoses. Staebler "has a history of psychiatric hospitalizations" and has been prescribed antipsychotic medications. Staebler's records show a history of auditory and visual hallucinations, such as seeing the "devil" and ghosts. After Staebler's most recent arrest, Dr. Blunt noted that Staebler was diagnosed with other specified schizophrenia spectrum and other psychotic disorder, other specified depressive disorder, attention deficit hyperactive disorder, mild intellectual disability, reactive attachment disorder, and paraphilia. Dr. Blunt also noted that Staebler has a "significant history of engaging in violent and aggressive behavior, most often towards family members and staff and peers in group home placements." Dr. Blunt observed that, over the years, Staebler had submitted to many rounds of intellectual testing, which resulted in scores in the extremely low range.

Second, Dr. Blunt's report detailed Staebler's psychiatric care while at Life Bridge, by his psychiatrist, Dr. Miller, including a detailed review of Dr. Miller's notes. By March 2020, Dr. Miller noted "no ongoing evidence of psychotic symptoms." In June 2020, Dr. Miller stated that he saw "a pattern of psychotic depression which underlies a great deal of his responses." In an interview with Dr. Blunt, Dr. Miller opined that Staebler's presentation "is inconsistent with traditional psychotic-spectrum disorders" and

likely occurs "secondary to depression" related to post-traumatic stress disorder (PTSD). But Dr. Miller added that Staebler is "ultimately complicated"; he likely presented "'psychotic-like' symptoms in combination with attempts to get his way or as a method of 'retrospective explanation.'" Dr. Miller added that Staebler improved on antipsychotic medication and that Life Bridge is "capable of continuing to manage" Staebler's behavior.

Third, Dr. Blunt addressed Staebler's diagnoses and, like Dr. Miller, concluded that Staebler's presentation is "ultimately complicated." Staebler has a mild intellectual disability.[2] While Staebler has complained of hallucinations, his reports are inconsistent, and it is "unclear" whether Staebler's reports are a "*bona fide* psychotic spectrum disorder." Dr. Blunt opined that Staebler's "violence and aggression appears best explained by his developmental disability rather than any psychotic thought processes." Dr. Blunt opined that Staebler does not meet the criteria for a primary psychotic disorder, such as schizophrenia, schizoaffective disorder, or delusional disorder, but Staebler has "ongoing risk of self-harm" and an "elevated risk for future violence."

Fourth, Dr. Blunt discussed Staebler's placement. Dr. Blunt noted that "he is likely to continue to display difficulties regardless of any medications he may be treated with, and it will be pivotal to ensure he is placed within an environment which is well-suited to providing programming for individuals with developmental disability." Dr. Blunt also opined that Staebler "could continue to be managed within the [Life Bridge] program." Dr. Blunt opined that placement within a larger facility, such as the Minnesota Security

[2] Dr. Blunt also noted that subsequent evaluations of Staebler require further observation or information to "rule out" PTSD.

Hospital, "would be an ill fit" for Staebler's treatment needs because "the environment itself would serve as a destabilizing factor, even though it would provide more than adequate security."

At the September 2020 review hearing, the district court heard testimony from Dr. Blunt, the developmental-disability social worker for the county, Staebler's stepsister and guardian, and Staebler himself. The district court received eight exhibits—the six exhibits from the June hearing, as well as the psychological evaluations by Dr. Blunt and Dr. Tinius.

Later that month, 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 Staebler "continues to be" a person with a mental illness who is a danger to the public, he has "engaged in overt acts causing or attempting to cause serious physical harm to another," and that there is "a substantial likelihood that [Staebler] will engage in acts capable of inflicting serious physical harm on another." The district court found that clear and convincing evidence showed that there is "no less restrictive treatment program available that is consistent with [Staebler's] treatment needs and the requirements of public safety other than the Forensic Mental Health Program" at the Minnesota Security Hospital.

The district court also found that his current placement at Life Bridge "does not provide a sufficient level of care and supervision to ensure the safety of [Staebler] and others." Along with the overt acts identified in the June initial order, the district court found that Staebler was hospitalized in May 2020 after "intentionally injuring himself by wrapping a cord around his neck" causing a "cervical fracture." And the district court found

Staebler choked a group-home staff member in August 2020. The district court committed Staebler "to a secure treatment facility for an indeterminate period of time."

Staebler appeals.

DECISION

A district court may commit an individual to a secure treatment facility as a person who has a mental illness and is dangerous to the public. Minn. Stat. § 253B.18, subd. 1(a) (2020). A "person who has a mental illness and is dangerous to the public" is defined as a person

> (1) who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand, and is manifested by instances of grossly disturbed behavior or faulty perceptions; and
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> (2) who as a result of that impairment presents a clear danger to the safety of others as demonstrated by the facts that (i) the person has engaged in an overt act causing or attempting to cause serious physical harm to another and (ii) there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another.

Minn. Stat. § 253B.02, subd. 17 (2020). A "secure treatment facility" is "the Minnesota Security Hospital." *Id.*, subd. 18a.

When the county petitions for commitment of a person as mentally ill and dangerous to the public, 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 proposed patient is a person who has a mental illness and is dangerous to the public, 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 or others establish by clear and convincing evidence that a less restrictive state-operated treatment program or treatment facility 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 alternative. *Id.*

If after an initial hearing 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 patient should remain committed as a person who has a mental illness and is dangerous to the public." *Id.* subd. 2(a) (2020). 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 have a mental illness and is dangerous to the public, then the court "shall order commitment of the proposed patient for an indeterminate period of time." *Id.*, subd. 3 (2020). After a patient is indeterminately committed, the district court may transfer, provisionally discharge, or discharge the patient, as provided in section 253B.18 (2020). *Id.*

On appeal from an order of indeterminate commitment, the district court's findings of fact are reviewed 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); *see also In re Dirks*, 530 N.W.2d 207, 211 (Minn. App. 1995) (appellate courts defer to district court's assessment of conflicting expert opinions). "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 a district court's credibility determinations. *Knops*, 536 N.W.2d at 620. Whether the evidence is sufficient to meet the standard of commitment is reviewed de novo. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003).

Staebler concedes that "by definition" he "fits" the statutory definition of dangerousness. Staebler contends the district court erred in committing him to the Minnesota Security Hospital because evidence at the 60-day review hearing showed he "no longer fit the definition of mentally ill." He also argues that, even if he fits the statutory definition of mentally ill and dangerous, the parties agreed to a less restrictive placement that was available at the time of the review hearing. Staebler finally argues, for the first time on appeal, that his commitment is "preventive detention" in violation of federal and state law. We address each argument in turn.

A. The record supports the district court's determinations that Staebler is mentally ill and dangerous to the public.

In his brief to this court, Staebler admits that he has committed "overt acts" that justify the district court's finding of dangerousness under Minn. Stat. § 253B.18. He argues that, even though he satisfies the "dangerousness" criterion, he does not satisfy the criterion of "a person who has a mental illness" under Minn. Stat. § 253B.18. *See also* Minn. Stat. § 253B.02, subd. 17 (definition of person who has a mental illness and is dangerous to the public).

Staebler's argument rests on three points: (1) Dr. Blunt opined that Staebler is a person with an intellectual disability, (2) Dr. Blunt provided the only expert testimony at the review hearing, and (3) Dr. Blunt conducted the most recent examination of Staebler.

From these three points, Staebler argues that the record does not support the determination that he has a mental illness. Rather, Staebler argues that he should have been committed as developmentally disabled under Minn. Stat. § 253B.09 (2020).

We acknowledge that Staebler's three points are accurate, but still conclude that the district court did not err for two reasons. First, the district court may consider all record evidence and is not limited to the testimony at the review hearing. Staebler's argument rests on a flawed assumption that the relevant record did not include evidence other than Dr. Blunt's opinion. But the record before the district court included Dr. Tinius's report, thus, the district court was not limited to Dr. Blunt's report or Dr. Blunt's testimony at the review hearing. *See In re Malm*, 375 N.W.2d 888, 891 (Minn. App. 1985) (stating that at the review hearing, the court may consider the findings of fact made following the original commitment hearing, and other competent evidence relevant to the patient's present need for continued commitment).

The district court received Dr. Tinius's report as evidence at the initial hearing and noted it as part of the record in the September final order. Dr. Tinius diagnosed Staebler as a person who is mentally ill and has a moderate intellectual disability. Dr. Blunt, on the other hand, concluded that Staebler is *not* psychotic, but has a mild intellectual disability, and that Staebler uses "psychotic-like symptoms" to get needs met or to explain his behavior. Dr. Blunt concluded that Staebler should be committed as developmentally disabled. Yet the district court was not bound to accept Dr. Blunt's report simply because it was the "most recent" report.

Second, an appellate court will not second-guess a district court's credibility determinations or its assessment of the weight of the evidence. *Knops*, 536 N.W.2d at 620 (appellate courts defer to district court's credibility determinations); *Dirks*, 530 N.W.2d at 211 (appellate courts defer to district court's assessment of conflicting expert opinions).

We recognize that Dr. Blunt's opinion supports Staebler's position that he should have been committed as developmentally disabled. The district court considered Dr. Blunt's opinion but still found clear and convincing evidence that Staebler is mentally ill and dangerous to the public, and that Staebler "continues to be" mentally ill and dangerous. There is ample support for this finding in Dr. Tinius's report. Dr. Tinius diagnosed Staebler with a moderate intellectual disability, moderate intellectual developmental disorder, impulse control disorder, delusional disorder, reactive attachment disorder, and pedophilic disorder. Dr. Tinius noted that Staebler had been diagnosed with schizophrenia and other mental illnesses in the past. Dr. Tinius ultimately concluded that Staebler is in need of commitment because he is mentally ill and dangerous to the public.

Still, Dr. Tinius and Dr. Blunt agree that Staebler has a developmental disability. And Staebler argues that Minnesota law supports his commitment as developmentally disabled if his impairment is "solely due to" his developmental disability. *See* Minn. Stat. § 253B.02, subd. 17a(b) (providing a person "does not pose a risk of harm due to mental illness under this section if the person's impairment is solely due to: . . . developmental disability"). We disagree with Staebler's conclusion because Staebler's impairment is not "solely due to" his being developmentally disabled. Thus, the district court's determination

that Staebler is mentally ill and dangerous under the applicable statutory definitions is supported by the record evidence.

B. The record supports the district court's determinations that commitment to a secure treatment facility is appropriate and that no less restrictive alternative is available.

Staebler next argues that a less restrictive placement is appropriate, was agreed to by the parties, and available at the time of the hearings.

1. The parties stipulated to entering an initial order for commitment but did not agree to commit Staebler to a community treatment facility.

Staebler contends that he should not have been committed to the Minnesota Security Hospital because the parties stipulated to his initial commitment order with a plan to move him to a different community treatment facility when placement was available. The county responds that "there may have been [a] misunderstanding of what was going to happen after the initial commitment, but there was not an agreement as to an alternative placement for [Staebler] other than the Minnesota Security Hospital."

The record for the June initial hearing shows two stipulations: (1) the parties agreed to the initial order of commitment, and (2) the parties agreed to receive exhibits as evidence without testimony. There was no stipulation on the record about placing Staebler at a "treatment facility." Minn. Stat. § 253B.18, subd. 1(a), recognizes that a district court may commit a patient to either a "secure treatment facility" or a "treatment facility." At the June initial hearing, the parties discussed Staebler's desire to "get out" of his current placement at Life Bridge and "into something more appropriate for him." The county responded that a different placement was unavailable at that time, and added that the commitment order

requires the Minnesota Department of Human Services (DHS) to find a placement as soon as possible.

While Staebler may have misunderstood the county's statements at the hearing, we conclude that the parties did not stipulate that Staebler would be placed in a community treatment facility. Also, the county's statements about alternative placements were not unreasonable. The county and DHS often pursue multiple placements when a commitment petition is pending. Here, because the experts agreed that Staebler cannot live independently, it was appropriate to explore options for Staebler while the petition was pending review.

Even if the county had made the stipulation that Staebler claims, his placement is not governed by the parties and is subject to the district court's determination. Indeed, the district court's June order committed Staebler to a "secure treatment facility"—this is the Minnesota Security Hospital. *See* Minn. Stat. § 253B.02, subd. 18(a) (defining "secure treatment facility"). Staebler did not object to the terms of the initial order either in writing or at the review hearing. That said, we note our review of the district court's commitment order is not affected by Staebler's stipulation to enter an initial order of commitment. As a result, we turn to examining the record on the district court's decision to commit Staebler to a secure treatment facility.

2. The record on appropriate placement for Staebler

Staebler contends that even if the district court acted within its discretion in finding him mentally ill and dangerous to the public, Staebler provided clear and convincing evidence that a less restrictive alternative was available at the time of his commitment and,

thus, the district court erred by committing him to a secure treatment facility. Staebler relies on the recommendations from Dr. Tinius and Dr. Blunt, as well as Life Bridge staff, all of whom recommended that Staebler's current placement with Life Bridge was appropriate.

If the court finds by clear and convincing evidence that the proposed patient is mentally ill and dangerous to the public, then it shall commit the person to a secure treatment facility *or* to a treatment facility or state-operated treatment program willing to accept the patient under commitment. Minn. Stat. § 253B.18, subd. 1(a). The court shall commit the patient to a secure treatment facility unless clear and convincing evidence establishes that a less restrictive state-operated treatment program or treatment facility is available that is consistent with the patient's treatment needs and the requirements of public safety. *Id.* The committed person has the burden of proving by clear and convincing evidence that a less restrictive alternative exists. *In re Civil Commitment of Ince*, 847 N.W.2d 13, 25 (Minn. 2014). In other words, the district court must commit Staebler to a secure treatment facility—the Minnesota Security Hospital—unless Staebler presented clear and convincing evidence of a less restrictive alternative.

The district court found that Staebler had harmed himself and a staff member while residing at Life Bridge and that Life Bridge did not provide a sufficient level of care and supervision. The district court, therefore, concluded that there is no less restrictive alternative than the Minnesota Security Hospital because of Staebler's treatment needs and public safety. Yet Staebler accurately points out that the district court's order did not address whether Staebler's treatment needs could be met at the Minnesota Security Hospital.

It is concerning that the district court committed Staebler to the Minnesota Security Hospital even though both court-appointed experts recommended against it. In fact, both court-appointed experts concluded that Staebler's treatment needs would be better served by a community treatment program, and Dr. Blunt emphasized that the Minnesota Security Hospital was "an ill fit" for Staebler.[3] Every civilly committed patient "has the right to receive proper care and treatment, best adapted, according to contemporary professional standards, to rendering further supervision unnecessary." Minn. Stat. § 253B.03, subd. 7 (2020). Still, the district court's findings of Staebler's self-harm and harm of others supports the district court's determination that no less restrictive alternative is available. *See generally Rutanen v. Olson*, 475 N.W.2d 100, 104 (Minn. App. 1991) (upon review of a custody award, holding that district court may reject expert recommendation with detailed findings on relevant statutory factors).

We, though, observe that the Minnesota Security Hospital has a duty to schedule a hearing for the special review board to review Staebler's case "at least every three years." *See* Minn. Stat. § 253B.18, subd. 5(a) (requiring the head of treatment facilities to schedule a hearing before the special review board for any patient who submits a petition or has not appeared before the special review board in the previous three years, and schedule a hearing

[3] Dr. Blunt opined that Staebler's placement within a larger facility than Life Bridge, specifically, the Forensic Mental Health Program at the Minnesota Security Hospital, "would be an ill fit" for Staebler's treatment needs and "the environment itself would serve as a destabilizing factor, even though it would provide more than adequate security." Dr. Tinius similarly opined that Staebler is "appropriately placed" at Life Bridge and that Staebler is "unlikely to do well" in larger facilities because "he could easily become overwhelmed and over-stimulated."

at least every three years thereafter). We also observe that whether Staebler's treatment needs are being met is relevant to whether he remains at the Minnesota Security Hospital. *See* Minn. Stat. § 253B.18, subd. 6 (providing that the person's clinical progress and present treatment needs must be considered when determining whether transfer is appropriate).

In sum, the record supports the district court's determination that committing Staebler to a secure treatment facility is appropriate and Staebler failed to prove that a less restrictive alternative is available.

C. We decline to review Staebler's challenge to his commitment as "preventive detention" because he raises the issue for the first time on appeal.

In his brief to this court, Staebler contends that his commitment to the Minnesota Security Hospital is "preventive detention" and violates federal law, along with "Minnesota's *Olmstead* Plan." Staebler did not raise this issue during district court proceedings.

We briefly consider the holding in *Olmstead*, where the Supreme Court declared that "unjustified institutional isolation of persons with disabilities is a form of discrimination" under the Americans with Disabilities Act (ADA). *Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581, 600, 119 S. Ct. 2176, 2187 (1999). The Supreme Court, however, explained that it was not mandating termination of all institutional placements for developmentally-disabled individuals:

> [N]othing in the ADA or its implementing regulations condones termination of institutional settings for persons unable to handle or benefit from community settings. Title II provides only that "qualified individual[s] with a disability"

> may not "be subjected to discrimination." "Qualified individuals," the ADA further explains, are persons with disabilities who, "with or without reasonable modifications to rules, policies, or practices, . . . mee[t] the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity."
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> Consistent with these provisions, the State generally may rely on the reasonable assessments of its own professionals in determining whether an individual "meets the essential eligibility requirements" for habilitation in a community-based program. Absent such qualification, it would be inappropriate to remove a patient from the more restrictive setting.

Id. at 601–02, 119 S. Ct. at 2187 (citations omitted). The Supreme Court also explained that institutional commitment of persons with disabilities violates the ADA when "dissimilar treatment" is provided to those with mental disabilities and those without mental disabilities. *Id.* at 601, 119 S. Ct. at 2187. The Court concluded that states need only provide community-based treatment for those with mental disabilities when "professionals determine that such placement is appropriate." *Id.* at 607, 119 S. Ct. at 2190.

Staebler does not argue that Minnesota's civil-commitment scheme violates the ADA. Staebler claims that "Minnesota's *Olmstead* Plan" means that "people with disabilities be served in the most integrated setting," based on a comment in Dr. Blunt's report, and argues that *Olmstead* defines "the right of people with disabilities to be integrated into society when possible." While we doubt Staebler's reading of *Olmstead*, we need not address the issue. First, generally, appellate courts address only those questions previously presented to, and considered by, the district court. *Thiele v. Stich*, 425 N.W.2d

580, 582 (Minn. 1988). Staebler, however, has raised *Olmstead* for the first time on appeal. Thus, this issue is not properly before this court, and we need not address it.

Second, this court can, in the interests of justice, invoke Minn. R. Civ. App. P. 103.04, and address an issue for the first time on appeal. Here, however, even if we were inclined to consider Staebler's *Olmstead* issue under rule 103.04, we would be precluded from doing so because the record presented to this court lacks a description of "Minnesota's *Olmstead* Plan" under which Staebler asserts that he is entitled to community treatment. Thus, the record presented to his court is not sufficiently developed to let us address this issue. Still, nothing in this opinion should be read as precluding Staebler from properly raising and supporting an *Olmstead* argument in a subsequent proceeding.

In sum, we conclude that the district court did not err by finding that Staebler is a person with a mental illness and is dangerous to the public, and we affirm the district court's commitment order.

Affirmed.