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Minn. R. Civ. App. P. 136.01, subd. 1(c).*

**STATE OF MINNESOTA
IN COURT OF APPEALS
A21-0594**

In the Matter of the Civil Commitment of: Justin Lee Staaf.

**Filed September 7, 2021
Reversed and remanded
Larkin, Judge**

Scott County District Court
File No. 70-PR-21-3147

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Considered and decided by Larkin, Presiding Judge; Jesson, Judge; and Bratvold, Judge.

NONPRECEDENTIAL OPINION

LARKIN, Judge

Appellant challenges his civil commitment as a person who poses a risk of harm due to a mental illness and the district court's authorization of the involuntary administration of neuroleptic medication to treat that mental illness. Although the record could support a determination that appellant posed a risk of harm due to a mental illness,

the district court's findings are inadequate to support commitment and the involuntary administration of neuroleptic medication on that ground. We therefore reverse and remand.

FACTS

In February 2021, respondent Scott County petitioned to civilly commit appellant Justin Lee Staaf as both mentally ill and chemically dependent and for authorization to administer neuroleptic medication to treat Staaf. According to the petition, the police brought Staaf to an emergency room after his family called 911 due to concerns about his mental health and safety. Staaf had questioned whether his parents were his actual parents, made statements to his ex-girlfriend that he would be “the serial killer you’ve always wanted me to be,” and believed that someone was watching him from his neighbor’s window. He had access to firearms and had asked his brother for ammunition. Staaf also had a history of methamphetamine use.

A court-appointed examiner reviewed the relevant documents and interviewed Staaf. During the interview, Staaf described his history of substance abuse. He first used methamphetamine as a teenager and had resumed using it about six years earlier. In that time, he used methamphetamine “about two weeks in a month,” and his most recent use occurred six days before he was hospitalized. Despite his drug use, Staaf denied that he was physically dependent on drugs or that drugs had altered his perceptions. He believed that he merely needed therapy, and not treatment, for mental health and substance abuse.

The examiner prepared a report, diagnosing Staaf with stimulant (methamphetamine) use disorder, substance (methamphetamine) induced psychotic disorder, cannabis use disorder, opiate use disorder, and alcohol use disorder (in

remission). He opined that Staaf was chemically dependent and posed a risk of harm due to a mental illness. At the commitment hearing, the examiner explained his opinion that Staaf had a mental illness. He testified that Staaf's impairment was not solely due to his dependence on drugs because Staaf continued to exhibit symptoms of psychosis caused by methamphetamine for weeks after he had stopped using the drug.

Staaf testified at the commitment hearing. He believed that he did not have a mental illness because he had never been diagnosed with one. He argued that he needed to complete a "bunch of tests" at the hospital before he could be diagnosed with a mental illness. Staaf also discussed his current refusal to take neuroleptic medication. He initially took the medication voluntarily based on a doctor's advice, but he stopped doing so based on his concerns about potential side effects. He also declined to take neuroleptic medication because he did not believe that he had a mental illness.

The district court issued an order civilly committing Staaf as chemically dependent and as a person who poses a risk of harm due to a mental illness. The district court also ordered the involuntary administration of neuroleptic medication to Staaf. Staaf appeals.

DECISION

I.

On appeal from a district court's order of commitment, we review whether the district court complied with the statute and whether its findings of fact support the commitment. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). We view the evidence in the light most favorable to the district court's decision and do not set aside findings of fact unless they are clearly erroneous. *Id.*

Under the Minnesota Commitment and Treatment Act (the Act), a district court may civilly commit a person if it finds by clear and convincing evidence that the person poses a risk of harm due to a mental illness. Minn. Stat. § 253B.09, subd. 1(a) (2020). A person poses a risk of harm due to a mental illness if he

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, that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others.

Minn. Stat. § 253B.02, subd. 17a(a) (2020). A substantial likelihood of physical harm may be shown by “a recent attempt or threat to physically harm self or others.” *Id.*, subd. 17a(a)(3). A person does not pose a risk of harm due to a mental illness if his impairment is solely due to “brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances” or “dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.” *Id.*, subd. 17a(b)(3)-(4) (2020).

A district court may also civilly commit a person if it finds by clear and convincing evidence that the person is chemically dependent. Minn. Stat. § 253B.09, subd. 1(a). A person is chemically dependent if he is

(a) determined as being incapable of self-management or management of personal affairs by reason of the habitual and excessive use of alcohol, drugs, or other mind-altering substances; and (b) whose recent conduct as a result of habitual and excessive use of alcohol, drugs, or other mind-altering substances poses a substantial likelihood of physical harm to self or others as demonstrated by (i) a recent attempt or threat to physically harm self or others, (ii) evidence of recent serious

physical problems, or (iii) a failure to obtain necessary food, clothing, shelter, or medical care.

Minn. Stat. § 253B.02, subd. 2 (2020).

The district court committed Staaf both as a person who poses a risk of harm due to a mental illness and as a chemically dependent person. Staaf does not challenge his commitment as chemically dependent. But he contends that the district court's findings are inadequate to support his commitment based on mental illness. Staaf argues that he has never been diagnosed with a mental illness and that the district court failed to identify any mental illness supporting its orders.

The district court found that

[t]here is clear and convincing evidence that [Staaf] is a person who poses a risk of harm due to a mental illness and is chemically dependent with a diagnostic impression of Stimulant Use Disorder, Substance Induced Psychotic Disorder, Cannabis Use Disorder, Opiate Use Disorder, and Alcohol Use Disorder in remission and the mental illness grossly impairs his judgment and that is manifested by grossly disturbed behavior or faulty perceptions and who, due to this impairment and chemical dependency, poses a substantial likelihood of physical harm to self or others.

Staaf argues that the “impairment cited to support the commitment was derived solely from [his] dependence upon or addiction to drugs or mind-altering substances” and that “[s]uch impairment is expressly excluded from the statutory definition” that must be satisfied for a mental-illness commitment. Staaf further argues that the record lacks evidence that he has an organic disorder of the brain or substantial psychiatric disorder separate from that resulting from his substance abuse. Staaf therefore asserts that the Act

expressly forecloses his commitment based on mental illness. See Minn. Stat. § 253B.02, subd. 17a(b)(3)-(4).

The county responds that the record contains clear and convincing evidence that Staaf's impairment was not caused solely by his drug use and that the "evidence established several mental illnesses." For example, the county relies on the court-appointed examiner's opinion that Staaf's impairment was not solely due to his dependence on drugs because Staaf continued to exhibit symptoms of psychosis for weeks after he stopped using methamphetamine. The county also relies on information regarding Staaf's mental health that was contained in a prepetition screening report. Thus, the county argues that the record supports a conclusion that Staaf had a mental illness, separate from his chemical dependency. But the county essentially concedes that the district court's findings do not address the evidence on which the county relies or otherwise explain its conclusion that Staaf was mentally ill—as defined in the Act—in addition to chemically dependent.

If the district court orders civil commitment, "the findings of fact and conclusions of law shall specifically state the proposed patient's conduct which is a basis for determining that each of the requisites for commitment is met." Minn. Stat. § 253B.09, subd. 2(a) (2020). The district court must also "identify less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative." *Id.*, subd. 2(b) (2020). We have explained the importance of those statutory requirements as follows: "The drafters of the Commitment Act clearly intended to require specificity in the findings of the [district] courts, and we have often stressed the need for findings on each of the statutory requisites with a clear recitation of the evidence relied upon in

reaching the court's conclusions." *In re Danielson*, 398 N.W.2d 32, 37 (Minn. App. 1986). In *Danielson*, this court concluded that the findings were "wholly inadequate to support commitment, although the evidence amply support[ed] a determination that [the patient was] a mentally ill person in need of treatment." *Id.* Accordingly, we remanded the case for the district court to "make findings as required by the statute." *Id.*

Here, the district court made specific findings regarding Staaf's conduct that was the basis for its determination that Staaf was both mentally ill and chemically dependent. The district court noted that the court-appointed examiner reported that Staaf had been "experiencing bizarre and paranoid delusions and altered perceptions" and had "experienced suicidal ideation shortly before his hospitalization." But the district court did not make any findings that Staaf's paranoid delusions, altered perceptions, and suicidal ideation were caused by mental illness as opposed to chemical dependency, even though Staaf's counsel emphasized the different standards for commitments based on mental illness and chemical dependency. Moreover, even though the county emphasized the testimony of the court-appointed examiner that Staaf displayed symptoms of mental illness long after his most recent use of drugs, the district court did not address that evidence in its commitment order or otherwise make findings explaining its determination that Staaf had a mental illness as defined in the Act. *See* Minn. Stat. § 253B.02, subd. 17a(a) (describing "an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory").

Given that Staaf highlighted the distinct statutory standards for commitment as mentally ill and commitment as chemically dependent and the court-appointed examiner's

diagnosis of *substance-induced* psychotic disorder, it was necessary for the district court to make findings that adequately explained its determination that Staaf's condition satisfied the statutory requirements for commitment as mentally ill. Indeed, such findings were crucial given that Staaf participated in the proceedings and vigorously contested the assertion that he was mentally ill. See *In re Civil Commitment of Breault*, 942 N.W.2d 368, 379 n.12 (Minn. App. 2020) (noting that "in cases where the patient participates in the proceedings, we expect the district court to make more robust findings"). The district court's findings simply do not address this crucial, disputed issue.

The district court's findings also do not adequately address less-restrictive alternatives to commitment. The Act requires the district court to list "less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative." Minn. Stat. § 253B.09, subd. 2(b). "This court will examine a commitment order for compliance with [the Act], including the making of required findings of fact and conclusions of law, and an evaluation of less restrictive alternatives considered and rejected." *Danielson*, 398 N.W.2d at 36 (quotation omitted). "The consideration of less restrictive alternatives is a matter of great significance." *Id.* at 37 (quotation omitted). Thus, in *Danielson*, this court reversed and remanded in part because the findings in that case summarily stated that there was no less-restrictive alternative to commitment, without listing the alternatives the district court had considered or its reasons for rejecting them. *Id.*

Here, the district court found that "[l]ess restrictive alternatives were rejected as inappropriate in that they do not meet [Staaf's] needs." Like the district court in *Danielson*,

the district court did not list the alternatives it had considered. Given the statutory requirement of findings regarding less-restrictive alternatives, as well as the judiciary's enforcement of that requirement, the district court's findings regarding less-restrictive alternatives are inadequate.

In sum, we find ourselves in a situation similar to that in *Danielson*: although the record could perhaps support Staaf's commitment as mentally ill, the district court failed to make findings adequate to support such a commitment.

II.

Neuroleptic medication may be administered to patients who are civilly committed. Minn. Stat. § 253B.092, subd. 1 (2020). When a patient refuses to consent to treatment with neuroleptic medication, then the treatment facility generally may administer neuroleptic medication only by a court order. *Id.*, subd. 8(a) (2020). The district court may authorize the treatment facility to involuntarily administer neuroleptic medication to the patient if the court finds that the patient lacks capacity to decide whether to take neuroleptic medication. *Id.*, subd. 8(e) (2020). When reviewing a district court's order to administer neuroleptic medication, we review the district court's findings for clear error and view the record in the light most favorable to those findings. *Breault*, 942 N.W.2d at 378.

Staaf contends that the district court erred by ordering the involuntary administration of neuroleptic medication because the record establishes neither the need for such medication nor that he lacks capacity to make the medication decision for himself.

We have already concluded that the district court's findings are inadequate to support Staaf's commitment as mentally ill. We recognize that the Act authorizes the

administration of neuroleptic medication to patients “subject to civil commitment,” without distinguishing between different types of civil commitments. Minn. Stat. § 253B.092, subd. 1. Indeed, the relevant statute previously authorized the administration of neuroleptic medication only when the patient was civilly committed under particular provisions—for example, when the patient was mentally ill, but not when the patient was chemically dependent—but the Minnesota Legislature recently eliminated those distinctions. 2020 Minn. Laws 1st Spec. Sess. ch. 2, art. 6, § 53, at 1045.

Under the terms of the current Act, Staaf could be subject to an order for involuntary administration of neuroleptic medication based on his commitment as chemically dependent, which he does not challenge. However, the district court’s findings supporting the involuntary administration of neuroleptic medication focus on Staaf’s purported mental illness. For example, the district court found that Staaf’s “mental illness ha[d] not sufficiently responded to efforts in the use of other less intrusive forms of treatment” and that “[t]he quality and extent of [Staaf’s] mental illness substantially impairs [his] ability to determine whether neuroleptic medication is necessary or desirable.” The district court also found that Staaf had “not previously had any inpatient mental health treatment.” The district court did not make findings explaining why Staaf’s chemical dependency justified an order for involuntary administration of neuroleptic medication.

In sum, although the district court could have relied on Staaf’s chemical dependency as a basis to order the involuntary administration of neuroleptic medication, its findings indicate that it did not do so. Instead, the district court relied on its determination that Staaf was mentally ill—a determination that is not adequately supported by the district court’s

findings. Thus, the district court's mental-illness determination cannot support Staaf's commitment as a person who poses a risk of harm due to a mental illness or the district court's order for neuroleptic medication.

Conclusion

This court is not a fact-finding court. See *State v. Colvin*, 645 N.W.2d 449, 453 (Minn. 2002) (stating that “[a]ppellate courts have no . . . business finding facts”); *Stiff v. Associated Sewing Supply Co.*, 436 N.W.2d 777, 779 (Minn. 1989) (providing that “an appellate court’s limited scope of review circumscribes additional fact finding by it”). Indeed, the Minnesota Supreme Court recently reiterated that principle in the context of a civil commitment case, stating:

We have repeatedly stated that clear-error review does not permit an appellate court to weigh the evidence as if trying the matter *de novo*. Neither does it permit an appellate court to engage in fact-finding anew, even if the court would find the facts to be different if it determined them in the first instance. Nor should an appellate court reconcile conflicting evidence.

In re Civil Commitment of Kenney, ___ N.W.2d ___, ___, 2021 WL 3641450, at *5 (Minn. Aug. 18, 2021) (quotations and citations omitted). To be clear, this court cannot make the findings necessary to support Staff's commitment as mentally ill.

However, “[w]hen additional findings are necessary to support a [district] court’s conclusion on a disputed issue, an appellate court, of course, may remand for additional findings.” *Stiff*, 436 N.W.2d at 779. Because the district court’s findings are inadequate to sustain Staaf’s commitment as a person who poses a risk of harm due to a mental illness and, therefore, to justify the court’s order for involuntary administration of neuroleptic

medication, and because the record could perhaps provide a basis for the necessary findings, we reverse and remand for the district court to make adequate findings.

We note that Staaf was provisionally discharged to chemical-dependency treatment in March 2021. That provisional discharge expires on September 11, 2021. On remand, the district court may choose to take new evidence regarding the current need for Staaf's commitment, as well as the current need for involuntary administration of neuroleptic medication. If the district court concludes that commitment continues to be appropriate based on mental illness, the district court must make findings explaining its conclusion that Staaf is mentally ill as described in Minnesota Statutes section 253B.02, that is, why Staaf is a "person who has an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory," as well as findings explaining the less-restrictive alternatives to commitment that were considered and rejected.

If the district court concludes, on remand, that Staaf is not mentally ill but that the involuntary administration of neuroleptic medication is nonetheless appropriate based on Staaf's commitment as chemically dependent, the district court must make adequate findings explaining why such administration is appropriate.

Reversed and remanded.