STATE OF MINNESOTA
IN COURT OF APPEALS
A24-0146

In the Matter of the Civil Commitment of: Nathaniel Joseph Galster.

Filed July 15, 2024
Affirmed
Cochran, Judge

Clay County District Court
File No. 14-PR-23-3890

Alexis Madlom, Vickers Law Office, Fargo, North Dakota (for appellant Nathaniel Joseph Galster)

Brian J. Melton, Clay County Attorney, Moorhead, Minnesota (for respondent Clay County Social Services)

Considered and decided by Cochran, Presiding Judge; Wheelock, Judge; and Ede, Judge.

NONPRECEDENTIAL OPINION

COCHRAN, Judge

On appeal from a judgment of civil commitment as a chemically dependent and mentally ill person, appellant seeks reversal of an order involuntarily committing him to a treatment facility. He argues that there is insufficient evidence to support the district court's determination that full commitment is the least restrictive means to meet his treatment needs. We affirm.

FACTS

Respondent Clay County Social Services (the county) filed a petition for civil commitment of appellant Nathaniel Joseph Galster to an inpatient treatment facility on the basis that he is mentally ill, chemically dependent, and poses a risk of "serious imminent, physical harm" to himself or others. The county filed the petition following Galster's hospitalization for self-inflicted injuries.

According to a screening report prepared by the county, police brought Galster to the emergency department after he sent text messages to his family members that contained images of self-inflicted injuries, including cuts on his arm. Galster's family found him in his bedroom intoxicated, with a loaded gun by his bed, and holding a knife. A family member wrestled the knife away from Galster and called 911. Family reported that Galster was engaging in suicidal ideations.

Law enforcement transferred Galster to the emergency department, where a hold was placed on him after he expressed his desire to leave. According to the screening report, Galster had "multiple self-injury lacerations" including ones on his left arm that "were 6-10 inches long but superficial." Galster admitted to drinking "six hard liquor beverages" prior to his arrival at the hospital. Galster's urine also tested positive for opiates. The screening report noted that, in the week preceding hospitalization, there were "multiple calls [to police] and ongoing safety concerns for [Galster]." During that time, police were called to Galster's residence several times due to his behavior and "extreme" intoxication.

The district court held a hearing on the petition, at which both a court-appointed psychologist and Galster testified. The district court also received the psychologist's

evaluation into evidence. In the evaluation, the psychologist concluded that Galster meets the statutory criteria to be committed as mentally ill and chemically dependent. The psychologist wrote that "[d]ismissal of the petition and a stay of civil commitment were considered as less-restrictive alternatives; however, these do not seem appropriate at this time." In her evaluation, the psychologist also emphasized that the outpatient care that Galster was receiving prior to his hospitalization was insufficient to manage his symptoms. In addition, the psychologist noted Galster's "lack of follow through with services in the past" and that "he has not followed all recommendations during his current hospital stay" as reasons for full commitment.

During her testimony at the hearing, the psychologist reiterated her opinion that Galster meets the criteria for full commitment at an inpatient treatment facility. The psychologist testified that she considered less-restrictive alternatives than commitment. The psychologist stated that Galster had "limited insight into the issues he's experiencing" and "seemed to minimize his situation." The psychologist added that Galster failed to follow-through with treatment in various ways, such as by refusing to take medications and failing to participate in group treatment. Given these occurrences, the psychologist was concerned about Galster's "adherence to treatment" on an outpatient basis.

Galster testified that he was in a depressed state when he cut himself and that he would not harm himself again. Galster also testified that he created a safety plan for dealing with his condition and learned coping mechanisms, such as "positive self-talk" and "self-care." And he disputed the psychologist's claim that he was not following treatment recommendations. He further testified that his plan after discharge was to move into his

own apartment and set up appointments with healthcare providers. In closing argument, Galster asserted that there was no need for a full commitment and that he was "ready to work on [his] treatment out in the community."

The district court found that Galster is mentally ill and chemically dependent, and "agree[d] the least restrictive alternative is the full commitment." Following the hearing, the district court issued its written findings of fact, conclusions of law, and order for judgment. The district court noted that it considered less-restrictive alternatives but found that they "have been tried in the past and currently [Galster] is not sufficiently stabilized to allow for less[] restrictive alternatives."

Galster appeals.

DECISION

On appeal from a judgment of civil commitment, our review is limited to whether the district court complied with the requirements of the Minnesota Commitment and Treatment Act (MCTA), Minnesota Statutes sections 253B.01-.24 (2022 & Supp. 2023). *In re Civ. Commitment of Janckila*, 657 N.W.2d 899, 902 (Minn. App. 2003). Under the MCTA, commitment is appropriate if the district court finds by clear and convincing evidence that the person "poses a risk of harm due to mental illness" or "is a person who has a . . . chemical dependency" and there is no "suitable alternative" to commitment. Minn. Stat. § 253B.09, subd. 1(a). If a district court orders commitment, it must commit the individual "to the least restrictive treatment program . . . which can meet the patient's treatment needs." *Id.* In making its decision regarding a committed person's treatment

program, the court must consider alternative programs as well as the patient's treatment preferences. *Id.*, subd. 1(b).

Galster does not dispute the district court's findings that he is mentally ill and chemically dependent. Instead, Galster argues that there was "insufficient evidence to place [him] under full commitment . . . as this was not the least restrictive means for [him] to be treated."

We will not reverse the district court's findings concerning the least restrictive means of treatment unless clearly erroneous. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003). When reviewing factual findings for clear error, we (1) view the evidence in the light most favorable to the findings, (2) do not reweigh the evidence, (3) do not reconcile conflicting evidence; and (4) "need not go into an extended discussion of the evidence to prove or demonstrate the correctness of the findings of the [district] court." *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221-22 (Minn. 2021) (quotation omitted). "[A]n appellate court's duty is fully performed after it has fairly considered all the evidence and has determined that the evidence reasonably supports the decision." *Id.* at 222 (quotations omitted). And "[w]here the findings of fact rest almost entirely on expert testimony, the [district] court's evaluation of credibility is of particular significance." *Thulin*, 660 N.W.2d at 144 (quotation omitted).

We have previously affirmed a commitment even when the district court's findings on alternatives were "scant" because the record contained evidence supporting the commitment. *In re King*, 476 N.W.2d 190, 193-94 (Minn. App. 1991). In *King*, the appellant opposed full commitment to a secure hospital and instead requested commitment

to a regional treatment center. *Id.* at 192-93. Evidence showed that the appellant repeatedly engaged in "drug seeking behavior" and assaulted staff at previous facilities. *Id.* at 192. And a court-appointed examiner testified that the appellant "probably lived more comfortably at the security hospital than he could anywhere else," and so recommitment was in the appellant's best interest. *Id.* The district court found that the appellant "require[d] continued hospitalization in a highly structured setting" and ordered commitment into the secure hospital. *Id.* at 193. The district court noted that it considered "[o]ther placements," but ultimately rejected them. *Id.*

In *King*, we noted that our review was "hampered in part by the scant [district] court findings." *Id.* at 194. And we were troubled that "the record include[d] so little evidence and no findings on the [appellant's proposed] alternatives." *Id.* Notwithstanding these concerns, we concluded that "the record [was] adequate . . . to support the [district] court's findings of fact and conclusions of law." *Id.* In reaching this decision, we emphasized that the record evidence included "the conclusions of the examiner and other staff, premised on contact with appellant over a period of years, that the regional treatment center is not a suitable alternative placement for appellant." *Id.* Consequently, we determined there was sufficient evidence to sustain the district court's finding that no less-restrictive placement was suitable. *Id.*

Here, like in *King*, the district court's findings regarding alternatives are "scant" but the record supports the district court's determination that full commitment is the least restrictive alternative. As noted above, the district court received testimony from the psychologist who evaluated Galster as well as the psychologist's written evaluation. Based

on that evidence, the district court agreed with the psychologist's opinion that "the least restrictive alternative is the full commitment." At the hearing, the district court also acknowledged that Galster had developed his own safety plan for living in the community but determined that the plan was not appropriate to meet Galster's existing needs and instead would "serve [him] well once [he's] completed [his] treatment." In addition, the district court's written findings reflect that it considered a variety of less-restrictive treatment alternatives than full commitment but determined that "less-restrictive alternatives have been tried in the past and currently [Galster] is not sufficiently stabilized to allow for less-restrictive alternatives."

Based on our careful review of the record, we conclude that there is sufficient evidence to support the district court's finding that full commitment is the least restrictive suitable treatment alternative for Galster. The record reflects that the psychologist testified that she considered alternatives such as "a stay of commitment or no commitment and treatment within the community" but opined that Galster presented a danger to himself or others if he did not receive treatment in a committed setting. Similarly, in her report, the psychologist concluded that Galster's behavior was "very concerning" and outpatient care was not sufficiently meeting his treatment needs prior to his hospitalization. Consequently, the report recommended a full commitment as the least restrictive alternative. At the hearing, the psychologist also testified that she had concerns about Galster following through with treatment due to his (1) refusal to take medication; (2) requests "for two specific medications, both of which are controlled substances"; and (3) failure to participate in group treatment. And, lastly, the psychologist noted that Galster appeared to minimize

his situation, and she agreed that Galster engaged in "some deceptive practices" relating to drugs. Based on this evidence, the district court's findings regarding previous attempts at less-restrictive alternatives and Galster's current instability are not clearly erroneous and support the district court's ultimate finding that there is no suitable alternative to full commitment.

On appeal, Galster argues that outpatient treatment is the least restrictive alternative that will meet his needs, and the district court failed to consider such an option. The record refutes this argument. As discussed above, at the hearing, the district court heard Galster's testimony that he believed he would be best served by treatment in the community, as well as his testimony about his safety plan and newly learned coping mechanisms. The district court's findings reflect that it considered Galster's proffered alternative but did not credit Galster's testimony, instead crediting the psychologist's testimony regarding Galster's need for commitment. We defer to such a credibility determination. *See Thulin*, 660 N.W.2d at 144. Accordingly, the record does not demonstrate that the district court failed to consider Galster's preferred treatment preferences or other alternatives.[1]

In sum, the district court's findings, which are based on the psychologist's testimony and written evaluation, are not clearly erroneous. And the record reflects that the district court considered less-restrictive alternatives to full commitment before committing Galster

[1] Despite our decision to affirm the district court's order, we encourage district courts to make detailed oral or written findings regarding their consideration of an individual's proffered less-restrictive alternatives to commitment. Such findings help to facilitate appellate review and assist the parties in understanding the basis for the district court's decision. *See In re Danielson*, 398 N.W.2d 32, 37 (Minn. App. 1986) ("The consideration of less restrictive alternatives is a matter of great significance." (quotation omitted)).

to an inpatient treatment facility. Accordingly, the evidence is sufficient to sustain the district court's finding that there were no suitable, less-restrictive alternatives to commitment. *See King*, 476 N.W.2d at 194.

Affirmed.