STATE OF MINNESOTA
IN COURT OF APPEALS
A24-0954

In the Matter of the Civil Commitment of: Mitchell Pierson.

Filed November 4, 2024
Affirmed
Connolly, Judge

Ramsey County District Court
File No. 62-MH-PR-23-159

Kathleen K. Rauenhorst, Rauenhorst & Associate, P.A., St. Paul, Minnesota (for appellant Pierson)

John J. Choi, Ramsey County Attorney, Anne Zimmerman, Assistant County Attorney, St. Paul, Minnesota (for respondent county)

Considered and decided by Frisch, Presiding Judge; Connolly, Judge; and Cochran, Judge.

NONPRECEDENTIAL OPINION

CONNOLLY, Judge

Appellant challenges his commitment as a person who has a mental illness and is dangerous to the public (MI&D), arguing that the evidence was insufficient to support the commitment. Because clear and convincing evidence supports the determination that appellant meets the statutory criteria for MI&D, we affirm.

FACTS

For the last seven years, appellant Mitchell Pierson, 40, has been repeatedly involved with mental health issues, many of them resulting from his delusional beliefs

about an ex-girlfriend and a daughter he claimed to have had with her. However, the daughter does not exist. In 2017, these beliefs worsened, and appellant became threatening and aggressive. Anoka County petitioned for his commitment as mentally ill (MI). The district court ordered that appellant be supervised under a stay of commitment. Appellant was discharged from an intensive residential treatment services (IRTS) center after refusing to cooperate with his case manager and was committed for six months. When he was allowed to leave the hospital in December for a holiday, he absconded from his father's home.

In January 2018, appellant was apprehended and hospitalized. His case manager said appellant required commitment because of his limited insight into his mental health and chemical dependency issues. He was provisionally discharged to a sober house in May, and his case manager asked that his civil commitment be allowed to expire in May. In June, appellant was admitted to an Adult Mental Health Unit at a hospital, again saying that his ex-girlfriend and their daughter were being kidnapped and abused, that he needed to be discharged so he could protect them, and that he had driven off the road because he saw his ex-girlfriend screaming while she was taken away. Anoka County again filed a petition to commit appellant as MI and chemically dependent (CD). An examiner reported that appellant had "a fixed delusion that his [family members] have been kidnapped . . . and, during the course of this investigation, engaged in a high-speed vehicle chase of a vehicle, ran a red light, and nearly caused an accident." The district court filed an order committing appellant as MI but not CD for six months and authorizing the use of neuroleptic medications. In August, appellant was provisionally discharged to an IRTS

facility, but in October, the case manager filed a notice of intent to revoke the provisional discharge (NIRPD) because appellant had violated some of its material conditions and spoken of causing serious physical harm to himself and others. After repeatedly contacting law enforcement to say that his family was going to be hurt, appellant was admitted to a hospital for evaluation of his hallucinations, discharged early from a sober house, and rehospitalized. In December, based on a final treatment report recommendation that appellant's MI commitment be extended, the district court extended it to 12 months and authorized neuroleptic medications.

In January 2019, appellant was admitted to Minnesota Specialty Health Systems (MSHS) in Willmar. He was provisionally discharged to a sober home in March, but was discharged from the sober home for refusing to participate in its program. He was arrested in May for possession of methamphetamines, and his commitment was continued for six months. In August, a case manager filed a NIRPD because appellant had again violated its material conditions. But in September, appellant was homeless, living out of his vehicle, and increasingly delusional, believing the manager of an auto-repair shop was holding appellant's ex-girlfriend hostage.

In December 2019, the district court noted that appellant believed "that his ex-girlfriend and daughter ha[d] been taken from him" and recommitted him as MI for 12 months. Weeks later, a crisis team responded to calls in which appellant claimed that his wife and daughter were being killed in the next apartment. Appellant went to a hospital because he believed that his "heart was switched out with someone on a spaceship." He

was placed on a 72-hour hold, but the paperwork was not completed, and he was discharged.

On January 1, 2020, appellant chased a friend and the friend's girlfriend because he thought they had his daughter locked in their car. He smashed the friend's car window with his hand and reportedly wielded a knife, dropping it when the police had him at gunpoint. Law enforcement then took appellant to a hospital, where he was placed on a 72-hour old and provisionally discharged. His case manager filed a NIRPD because appellant had missed appointments for medications the previous month. In March, appellant believed that his partner and their child were being held in a neighbor's apartment. He knocked on the door, punched the man who answered in the face, entered, and began to strangle the woman who was in the apartment. Appellant was taken to a hospital emergency department in restraints, and the case manager filed another NIRPD. In April, appellant was provisionally discharged to an IRTS center and transferred to an assertive community treatment (ACT) team for case management. But after a few months during which things seemed to go better, appellant became more resistant to injectable medication and began using methamphetamine.

In August 2020, the case manager filed a third NIRPD. Appellant was discharged from the IRTS center and was homeless. He said he could hear his ex-girlfriend and his daughter, who were kidnapped and were being tortured in an apartment near where appellant was staying. Appellant was apprehended and brought to a hospital; his commitment would expire in December. In November, a petition for appellant's recommitment as MI was filed. His delusional beliefs of his ex-girlfriend and daughter

being tortured continued. An examiner noted that appellant needed neuroleptic medication and was compliant only when a *Jarvis* order was in effect.[1] In December, appellant was recommitted until December 2021 as a person who posed a risk of harm due to mental illness.

In February 2021, appellant told the ACT team that his ex-girlfriend and his daughter were being tortured. A hospital reported an emergency response to a 911 call from appellant's apartment because appellant was yelling that his family was being tortured and scaring other residents. Appellant was brought to the hospital; his case manager filed a NIRPD. In October, a petition for appellant's recommitment was filed with a request to authorize neuroleptic medication, and the ACT team filed a NIRPD. Appellant was provisionally discharged to an IRTS center, but he declined to participate, used substances, and left. In November, appellant's ACT team again requested the revocation of his provisional discharge; the request stated that appellant was angry, distressed, and irritable, said he was Jesus Christ, and refused his medication. Later in November, one examiner said appellant had a chronic history of mental illness for many years and needed both recommitment and a *Jarvis* order, and another examiner stated that appellant met the criteria of a person who posed a risk of harm due to mental illness and was likely to become noncompliant without court oversight. Based on the examiners' statements, the district court recommitted appellant for 12 months, until November 2022. When appellant was provisionally discharged, he made repeated calls to the police, saying that his ex-girlfriend

[1] *See Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988) (requiring judicial approval for involuntary treatment with neuroleptic drugs).

and his daughter were kidnapped and in danger; he refused medication, and he reported delusions and hallucinations to the ACT team.

In March 2022, appellant was apprehended and taken to a hospital. In October, examiners recommended appellant's recommitment as MI for 12 months and noted that he met the forensic psychiatric guidelines for neuroleptic medication. A petition for his recommitment as MI and a request for neuroleptic medication were filed; one examiner thought it likely that appellant would discontinue medication completely and deteriorate if he were not committed. In November, appellant was recommitted for 12 months as a person who posed a risk of harm due to mental illness.

In January 2023, appellant forced his way into his neighbors' apartment and assaulted them after accusing them of having his daughter in the apartment. He told the woman he was going to "f--- her up," bit the man's hand, and began choking him. Then, abruptly, he left. He was charged in Ramsey County with two counts of first-degree burglary—assault of a person in building/on property, and the ACT team filed a NIRPD. In March, Ramsey County petitioned for appellant's commitment as MI&D. He was transferred to Anoka Metro Regional Treatment Center in May. Following a Phase I hearing in November 2023 and a Final Determination Hearing in April 2024, at which appellant and two examiners testified, the district court filed an order for appellant's final commitment as MI&D. He challenges the sufficiency of the evidence supporting his final commitment.

DECISION

In an appeal from an order for civil commitment, this court reviews de novo whether clear and convincing evidence supports the district court's determination that an individual meets the standards for commitment. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003). Because the district court is the best judge of the credibility of witnesses, due deference is given to its findings of fact. *In re Civ. Commitment of Crosby*, 824 N.W.2d 351, 356 (Minn. App. 2013), *rev. denied* (Minn. Mar. 23, 2013).

> A "person who has a mental illness and is dangerous to the public" is a person:
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> (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 (2022). The district court concluded:

> There is clear and convincing evidence that [appellant] continues to be a person who has a mental illness and is dangerous to the public. [Appellant's] condition remains essentially unchanged since his initial commitment. Any reduction in his symptoms or the risk he poses to others is solely due to the fact that he has been residing in a controlled treatment environment. The statute provides that ["I]f the [c]ourt finds at the final determination hearing . . . that the

> patient continues to be a person who is [MI&D], then the court shall order commitment of the proposed patient for an indeterminate period of time." Minn. Stat. § 253B.18, subd. 3 (2022). The court so finds.

In his brief, appellant offers neither legal argument nor evidentiary information to oppose the district court's finding; he offers nothing except his own unsupported views. *See, e.g.*, "Appellant denies that he has a mental illness";[2] appellant "denies that he presents a clear danger to the safety of others"; appellant "denies that there is a substantial likelihood that he will engage in acts capable of inflicting serious physical harm"; appellant "did not cause serious physical harm"; and "Insufficient evidence was presented to the district court to contradict appellant's denial." This court declines to address allegations unsupported by legal analysis or citation. *Ganguli v. Univ. of Minnesota,* 512 N.W.2d 918, 919 n. 1 (Minn. App. 1984). It also declines to address an issue in the absence of adequate briefing. *State, Dep't of Lab. and Indus. v. Wintz Parcel Drivers, Inc*., 558 N.W.2d 480, 480 (Minn. 1997).

The district court considered the testimony and reports of three doctors who had recently and repeatedly examined appellant. The 20-page Findings of Fact, Conclusions of Law, and Order quote extensively from these sources to support the district court's determinations that appellant is MI&D and that there is no alternative less restrictive than commitment to a secure facility that is consistent with appellant's treatment needs and

[2] However, the previous page of his brief states, "Appellant admits he has a mental illness . . . ."

public safety. Appellant offers no support, factual or legal, for his repeated denials of the district court's findings and conclusions, and there is no basis to reverse its order.

Affirmed.