This opinion is nonprecedential except as provided by
Minn. R. Civ. App. P. 136.01, subd. 1(c).

STATE OF MINNESOTA
IN COURT OF APPEALS
A25-0148

In the Matter of the Civil Commitment of: Kadyn Star Scherer.

Filed July 21, 2025
Affirmed
Bratvold, Judge

Hennepin County District Court
File No. 27-MH-PR-24-1353

Gabe Monson, Hennepin County Adult Representation Services, Minneapolis, Minnesota (for appellant Kadyn Star Scherer)

Mary F. Moriarty, Hennepin County Attorney, Brittany D. Lawonn, Senior Assistant County Attorney, Minneapolis, Minnesota (for respondent Fairview Health Services)

Considered and decided by Bjorkman, Presiding Judge; Bratvold, Judge; and Harris, Judge.

NONPRECEDENTIAL OPINION

BRATVOLD, Judge

Appellant challenges the district court's order to civilly commit her as a person who poses a risk of harm because of mental illness. Appellant contends that the district court's decision must be remanded because its factual findings are inadequate for appellate review and therefore fail to sufficiently address the less restrictive alternatives considered and the reasons for rejecting each alternative and ordering commitment. Because we conclude that the district court's factual findings are adequate for appellate review and support the district court's decision when read in light of the entire record, we affirm.

FACTS

Appellant Kadyn Star Scherer is 21 years old and has a history of anxiety and depression. In fall 2024, Scherer was a university student, and her mental health began to decline "around the election." On November 13, 2024, Scherer was admitted to a hospital in St. Cloud for one week to treat her mental health. Her symptoms included suicidal ideation, paranoia, hiding under her bed, and eating only crackers. After she was discharged from the hospital, Scherer withdrew from university and moved to the Twin Cities area to live with her family.

On December 10, 2024, Scherer's mother called 911 and reported that Scherer was making suicidal statements, "yelling and screaming" at family members, "banging on her brother's bedroom door," pacing, throwing things in the kitchen, and not sleeping. An ambulance transported Scherer to Fairview Southdale Hospital in Edina for evaluation; Fairview admitted her on a 72-hour hold.

On December 12, 2024, Scherer was transferred to PrairieCare Medical Group with "acute mania in a completely dysregulated state." PrairieCare staff diagnosed Scherer with "bipolar disorder, current episode manic severe with psychotic symptoms." That same day, Fairview Health Services filed two petitions—one asked the district court to civilly commit Scherer, and the second sought authority to administer neuroleptic medication.

On December 23, 2024, the district court held an evidentiary hearing on the petitions.[1] The district court heard testimony from the psychiatrist overseeing Scherer's

[1] At the hearing, the attorney appearing for the petitioner told the district court that she was appearing "for the Petitioner PrairieCare." The attorney explained that the "petition was

treatment at PrairieCare, a court-appointed examiner, and Scherer. The district court received Scherer's medical records and the examiner's report as evidence. Scherer opposed civil commitment, arguing that less restrictive alternatives were available, including a continuance for dismissal, appointing a substitute decisionmaker, and continuing the hearing for two weeks while "the medication [Scherer] is currently taking titrates."

On December 24, 2024, the district court determined in a written order that there was (1) clear and convincing evidence that, due to her mental illness, Scherer "poses a substantial likelihood of physical harm to [herself] or others as demonstrated by a recent attempt or threat to physically harm [herself] or others" and (2) "no suitable alternative to judicial commitment." The district court civilly committed Scherer to the commissioner of human services and the head of PrairieCare. On the same day, the district court also issued an order authorizing the use of neuroleptic medication.

Scherer appeals the civil commitment order.

DECISION

An individual may be civilly committed under the Minnesota Commitment and Treatment Act, Minn. Stat. §§ 253B.001-.24 (2024), if a district court finds by clear and convincing evidence that the individual "poses a risk of harm due to mental illness" and that there is no "suitable alternative to judicial commitment." Minn. Stat. § 253B.09,

originally filed by Fairview . . . but Ms. Scherer was transferred to PrairieCare and they have assumed the petition." We note, first, that the record does not otherwise indicate that PrairieCare substituted for Fairview as the petitioner and, second, that the district court's order committed Scherer "to the Commissioner of Human Services and the head of PrairieCare." Because no party to the appeal makes an argument about the identity of the petitioner, we do not address it further.

subd. 1(a). A district court must carefully consider "reasonable alternative dispositions" to commitment. *Id.* These include, but are not limited to, "dismissal of petition; voluntary outpatient care; voluntary admission to a treatment facility, state-operated treatment program, or community-based treatment program; appointment of a guardian or conservator; or release before commitment." *Id.*

If the district court orders commitment, it must commit the individual "to the least restrictive treatment program or alternative programs which can meet the patient's treatment needs." *Id.* When determining the least restrictive program available for a prospective patient, the district court must consider "a range of treatment alternatives" as well as the "patient's treatment preferences and willingness to participate" in treatment. *Id.*, subd. 1(b). Upon receiving a petition and conducting a hearing, the district court "shall find the facts specifically, and separately state its conclusions of law." *Id.*, subd. 2(a). "If commitment is ordered, the findings shall also identify less restrictive alternatives considered and rejected by the court and the reasons for rejecting each alternative." *Id.*, subd. 2(b).

In appeals of a district court's civil commitment order, "[w]e have often stressed the need for findings on each of the statutory requisites with a clear recitation of the evidence relied upon" by the district court in reaching its conclusions. *In re Danielson*, 398 N.W.2d 32, 37 (Minn. App. 1986). "[M]ere recitations of evidence," conclusory findings, and findings "not meaningfully tied to [the] conclusions of law" are insufficient to support involuntary commitment. *In re Civ. Commitment of Spicer*, 853 N.W.2d 803, 810-11 (Minn. App. 2014). Appellate courts review whether the district court complied with

applicable law and whether the district court's factual findings support the commitment. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). Appellate courts, however, cannot meaningfully review an order of commitment "if it does not identify the facts that the district court has determined to be true and the facts on which the district court's decision is based." *Spicer*, 853 N.W.2d at 811-12 (remanding for further findings when the district court's order committed the appellant as a person who has a mental illness and is dangerous to the public).

Scherer does not challenge the district court's order authorizing the use of neuroleptic medication or its determination that she poses a risk of harm to herself or others due to her mental illness. Instead, she argues that the district court "failed to adequately address less restrictive alternatives to civil commitment" and seeks a remand for additional findings. We understand Scherer's argument to be challenging the district court's determination that there was no suitable alternative to judicial commitment, rather than the district court's determination that the inpatient treatment program at PrairieCare was the least restrictive treatment program.

A. The District Court's Findings

The district court issued a five-page order of commitment with seven paragraphs of factual findings, one of which has six subparts. In paragraph 1, the district court found that Scherer suffers from "[b]ipolar effective disorder (manic with psychosis), which is a substantial psychiatric disorder of thought, mood, perception, and orientation which grossly impairs her behavior, capacity to recognize reality, and ability to reason or understand."

In paragraph 2, the district court found that, because of her mental illness, Scherer "engages in grossly disturbed behavior or experiences faulty perceptions, and, due to this impairment, poses a substantial likelihood of causing physical harm." The district court found that this was shown by, among other things, Scherer's (1) repeated threats of suicide or self-harm, including the day before the commitment hearing; (2) delusions and paranoia; (3) uncooperative behavior in treatment; (4) statement that "she would not take her medications once she got home"; and (5) inability to make her needs known to treatment staff.

In paragraph 3, the district court briefly summarized the testimony of the psychiatrist overseeing Scherer's treatment and the court-appointed examiner, found their testimony "to be credible and persuasive," and agreed with their conclusion that Scherer "meets the criteria for civil commitment."

After determining that Scherer met the criteria for commitment, the district court made findings about alternatives to civil commitment:

> 4. . . . [T]he Court Examiner . . . originally opined in his Examiner's Report filed December 18, 2024, that [Scherer] does have the capacity to make a competent decision as to whether she should be treated with antipsychotic medications. However, in the hearing on December 23, 2024, Ms. Scherer's treatment doctor . . . has opined Ms. Scherer cannot provide informed medical consent and [the court examiner], at the hearing, adopted this position as well.
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> 5. [Scherer's] illness cannot be adequately treated by dismissal of the Petition, voluntary inpatient or outpatient care, the appointment of a Guardian or Conservator, or a conditional release.

> 6. The least restrictive, appropriate, available placement is a commitment to the Commissioner of Human Services and the head of Prairie Care Medical Group. The Court considered denying the petition and allowing for voluntary participation with recommended treatment but rejected this alternative due to [Scherer's] past conduct, present behavior, and current needs. While [Scherer] testified [that] she does not feel she is mentally ill, the Court did not find such testimony persuasive, even if firmly and sincerely believed by [Scherer].

The district court concluded that "[t]here is no suitable alternative to judicial commitment."

B. Analysis

Scherer maintains that the district court erroneously rejected the alternatives to civil commitment based on her "past conduct, present behavior, and current needs." Scherer argues that the district court's "vague and conclusory findings do not clearly articulate the evidentiary basis for rejecting less restrictive alternatives or what facts the district court found to be true." Respondent argues that "[a] review of the entire record, as well as the entirety of the district court's order and its questions posed during the trial in this matter, establish that the district court specifically considered the less restrictive alternatives and ultimately rejected them."

On appeal, Scherer relies on nonprecedential opinions in which this court remanded a civil commitment order for further findings when the district court did not address conflicting evidence about less restrictive alternatives to civil commitment. *In re Civ. Commitment of Tempel*, No. A24-0772, 2024 WL 4586395, at *2-5 (Minn. App. Oct. 28, 2024) (remanding for further findings because the district court summarily concluded that "commitment . . . is the least restrictive alternative" without addressing the court-appointed examiner's medical opinion that a stay of commitment for outpatient care

was the least restrictive alternative); *In re Civ. Commitment of Lynard*, No. A23-1067, 2023 WL 8889524, at *3 (Minn. App. Dec. 26, 2023) (remanding for further findings because "[d]espite evidence in the record of an alternative to commitment—specifically, a stay of commitment with admission into [a treatment] facility which [appellant] agreed to enter—the district court provided no reasons for rejecting a less-restrictive alternative").[2] In a similar vein, this court has also remanded for further findings when a district court's civil commitment order failed to identify the less restrictive alternatives that it considered. *In re Civ. Commitment of Staaf*, No. A21-0594, 2021 WL 4059768, at *4, *6 (Minn. App. Sept. 7, 2021) (remanding for further findings because the district court "did not list the alternatives it had considered," even though the record included no medical opinions opposing commitment).

Still, this court has affirmed a civil commitment order after concluding that the district court's determinations rested on sufficient findings "in light of the entire record." *In re Civ. Commitment of Valentyn*, No. A18-2115, 2019 WL 2168777, at *6 (Minn. App. May 20, 2019). In *Valentyn*, the district court found that "less restrictive alternatives have been considered and there is no reasonable available alternative." *Id.* (quotation marks omitted). This court recognized that the district court's findings, if read in isolation, were "less-detailed than would be ideal." *Id.* But this court reviewed the findings in light of the evidence presented at the commitment hearing, including the treatment doctor's testimony

[2] We are not bound by nonprecedential opinions but may consider them as persuasive authority. *See* Minn. R. Civ. App. P. 136.01, subd. 1(c) ("Nonprecedential opinions and order opinions are not binding authority . . . but nonprecedential opinions may be cited as persuasive authority.").

"that a lesser-level of care would not be appropriate" and a report that Valentyn "refused to meet with service providers and was not cooperative." *Id.* This court also considered the district court's oral finding that involuntary commitment "seems to be the least restrictive care and that [the alternative] step-down program would not be appropriate because of the medication monitoring that has to occur here, and really the lack of cooperation and follow-up at, really, any treatment plan besides taking the medications here." *Id.* at *7 (quotation marks omitted).

This court concluded that, "[d]espite the written order not specifying which alternatives the district court considered, the entirety of the record, including the district court's oral findings on the record, demonstrates that the district court carefully analyzed less-restrictive alternatives and gave individualized reasons for rejecting those alternatives." *Id.* Thus, this court concluded that there were sufficient findings for meaningful appellate review on less restrictive alternatives to commitment and affirmed the commitment order. *Id.*

Consistent with the approach taken in *Valentyn*, we also consider the entire record in evaluating the sufficiency of the district court's findings on less restrictive alternatives to judicial commitment. Paragraph 4 of the district court's order explains that Scherer's psychiatrist and the court-appointed examiner agreed that Scherer "cannot provide informed medical consent." At the hearing, the psychiatrist testified that "a less restrictive option requires an ability [to give] informed consent" and that he had "not been able to get informed medical consent [from Scherer] for primary medical decision-making, including the current medications, length of stay, and outpatient recommendations." The psychiatrist

testified that, "based on [his] lack of ability to get informed consent for the required treatments," he could not "see a less restrictive option other than the commitment process."

Paragraph 5 identified alternative dispositions considered by the district court, including dismissal of the petition, voluntary inpatient or outpatient treatment, the appointment of a guardian or conservator, and conditional release. The district court found that none of these alternatives would adequately treat Scherer's mental illness.

Paragraph 6 evaluated alternative program placements and rejected proceeding with "voluntary participation with recommended treatment" because of Scherer's "past conduct, present behavior, and current needs." Although paragraph 6 does not give examples of Scherer's "past conduct, present behavior, or current needs," the district court's earlier findings address these issues. Paragraphs 2 and 4 summarize evidence and find facts that limit the adequacy of voluntary alternatives, such as Scherer's repeated threats of suicide or self-harm, delusions and paranoia, uncooperative behavior during voluntary treatment, stated intent not to take medication "once she got home," and inability to make her needs known or provide informed consent. And unlike some cases in which this court has ordered a remand, this record includes no medical opinions that conflict with the district court's determination that there is no suitable alternative to judicial commitment. *Cf. Tempel*, 2024 WL 4586395, at *2-5; *Lynard*, 2023 WL 8889524, at *1, *3.

Although some of its findings lack particularity, the district court identified the alternative dispositions and the alternative treatment programs it considered—and stated its reasons for rejecting them. *See In re King*, 476 N.W.2d 190, 193-94 (Minn. App. 1991) (noting that appellate review was "hampered in part by the scant trial court findings" but

determining that the district court's findings, which included that "[o]ther placements were considered but rejected," were sufficient and supported by the record (quotation marks omitted)). Because the district court's order, when read as a whole, explains its reasons for rejecting alternatives to judicial commitment and less restrictive program alternatives, we conclude that the findings are sufficient for appellate review.

Scherer's brief to this court does not argue that the evidence is insufficient to sustain the district court's civil commitment order. Appellate courts generally decline to reach issues that are not raised on appeal. *State Dep't of Labor & Indus. v. Wintz Parcel Drivers, Inc.*, 558 N.W.2d 480, 480 (Minn. 1997); *see In re Civ. Commitment of Kropp*, 895 N.W.2d 647, 653 (Minn. App. 2017) (applying *Wintz* in the civil commitment context), *rev. denied* (Minn. June 20, 2017).

Even so, the record evidence supports the district court's findings and determination that there is no suitable alternative to civil commitment. Scherer's psychiatrist testified that Scherer "would have been denied [admission] into [an inpatient] residential setting because of the acuity of the psychosis." The psychiatrist also testified that he spoke twice with Scherer about the appointment of a substitute decisionmaker, but that the second conversation "didn't go very well" and "didn't go in the favor of being willing to accept the input of a guardian." And, as mentioned, the psychiatrist testified that Scherer's inability to provide informed consent excluded voluntary treatment options. Both the psychiatrist and the court-appointed examiner testified that they believed civil commitment is the only suitable alternative for Scherer.

The record evidence also established that Scherer resisted treatment. Scherer testified that she did not believe she was mentally ill. When asked if she was "willing to stay at the hospital until the medical team there says [she is] okay to leave," Scherer responded, "I don't know, I'm not sure," and she added, "I feel like they don't listen to me." The psychiatrist testified that Scherer told him that "she would not take her medication when she goes home." This testimony fully supports the district court's decision to reject voluntary treatment options. *See* Minn. Stat. § 253B.09, subd. 1(b) (stating that courts must consider the patient's "willingness to participate voluntarily in the treatment ordered" in deciding the least restrictive program available).

Given the severity of Scherer's mental illness, her inability to consent to voluntary treatment options, and her resistance to treatment, we conclude that the district court did not err when it granted the petition and civilly committed Scherer.

Affirmed.