

*This opinion is nonprecedential except as provided by  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  
A23-0422**

In the Matter of the Civil Commitment of: Ricky Eloy Ramirez.

**Filed August 28, 2023  
Affirmed  
Cochran, Judge**

Dakota County District Court  
File No. 19HA-PR-22-339

Joshua S. Casper, Casper Law, PLLC, Roseville, Minnesota (for appellant Ricky Eloy Ramirez)

Kathryn M. Keena, Dakota County Attorney, Heather Pipenhagen, Assistant County Attorney, Hastings, Minnesota (for respondent Dakota County Social Services)

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

**NONPRECEDENTIAL OPINION**

**COCHRAN**, Judge

Appellant challenges an order of the district court indeterminately committing him pursuant to Minn. Stat. § 253B.18, subd. 3 (2022), as a person who has a mental illness and is dangerous to the public. He argues that (1) the record does not support the district court's finding that he refused to accept injectable medications and lacks insight into his mental illness, (2) the district court improperly considered his prior interest in firearms and possible future access to firearms as a basis for commitment, and (3) the record does not

support the district court's ultimate determination that he has a mental illness and is dangerous to the public. We affirm.

## **FACTS**

This case involves the civil commitment of appellant Ricky Eloy Ramirez as a person who has a mental illness and is dangerous to the public after Ramirez shot and killed a stranger in a Burnsville hotel and was later found not guilty of second-degree murder by reason of mental illness.

Ramirez was born in 1997. On July 21, 2021, Ramirez and his father traveled from their home in Texas to work a construction job in Minnesota. Ramirez's girlfriend at the time joined them on the trip. Two days later, Ramirez shot and killed another person in the hallway of the hotel where he was staying. At the time of the shooting, Ramirez was experiencing symptoms of psychosis. Ramirez was charged with second-degree murder. He waived his right to a jury trial and agreed to a stipulated-evidence trial.

Based on the stipulated evidence, the district court filed findings of fact, conclusions of law, and a verdict. The district court's findings included the following. On July 23, 2021, police responded to a report of gunshots being fired inside a Burnsville hotel. Police found Ramirez standing in the second-floor hallway of the hotel. There was a handgun on the floor a few feet away from him. Ramirez surrendered to police and admitted to shooting a man, later identified as S.W., who was lying dead on the floor at the end of the hallway. Video footage from a hotel surveillance camera captured the shooting. The footage showed that Ramirez first pointed his gun at S.W.'s closed hotel-room door and then shot S.W. when he exited the hotel room shortly thereafter. Ramirez's father and girlfriend told

police that Ramirez had started acting “crazy” and expressing paranoid thoughts the day before the shooting. The district court concluded that Ramirez was guilty beyond a reasonable doubt of intentionally causing the death of S.W.

Because Ramirez asserted a mental-illness defense pursuant to Minn. R. Crim. P. 20.02, subd. 7, the district court filed separate findings of fact and a verdict on the mental-illness defense. The district court admitted two rule 20 evaluations and four other stipulated exhibits related to Ramirez’s mental state into evidence.

The first rule 20 evaluation was completed by Dr. Elizabeth Barbo in December 2021. She diagnosed Ramirez with schizophreniform disorder, cannabis-use disorder, and sedative-, hypnotic-, or anxiolytic-use disorder. These diagnoses were based on the onset of Ramirez’s psychotic symptoms and his reported daily use of marijuana and frequent abuse of Xanax. Dr. Barbo’s report explained that, at the time of the shooting, Ramirez “believed he was being followed by the government and that the victim [of the shooting] was someone who was out to harm him or others at the hotel.” The report concluded that “Ramirez’s mental state at the time of the crime was consistent with a psychotic episode . . . [that] prevented him from understanding the wrongfulness of his behavior.”

The second rule 20 evaluation was completed by Dr. Mary Kenning in February 2022. Dr. Kenning diagnosed Ramirez similarly and agreed that Ramirez seemed to believe “that his actions were not morally wrong” at the time of the shooting because he thought he was protecting others. Dr. Kenning’s report also contained additional details about Ramirez’s mental state after the shooting. It noted, for example, that in the days following Ramirez’s admittance to jail on July 24, 2021, he was talking to himself, “hitting

the door and pounding on the walls of his cell,” talking “into a milk carton as if it were a phone,” hallucinating, and unable to hold a conversation. By August 5, he was “more capable of interaction with staff.” By August 13, “he denied any mental health symptoms and none were observed.” On August 17, mental-health observation was discontinued. In October 2021, Ramirez reported hearing a humming noise but denied any other symptoms.

Based on the stipulated evidence and rule 20 evaluations, the district court concluded that Ramirez had proven by a preponderance of the evidence that he “did not understand his act was morally wrong” when he shot and killed S.W. On that basis, the district court found Ramirez not guilty of the murder by reason of mental illness. The district court ordered the county attorney’s office to immediately file a petition to civilly commit Ramirez.

#### *Initial Civil-Commitment Proceedings*

Respondent Dakota County Social Services (the county) filed a petition to civilly commit Ramirez as a person who has a mental illness and is dangerous to the public. On May 10, 2022, the district court held a civil-commitment hearing. At the hearing, the district court heard testimony from the court-appointed examiner, Dr. Scott Fischer. The district court also admitted eight exhibits into evidence, including Dr. Fischer’s report and the previously completed rule 20 evaluations.

Dr. Fischer diagnosed Ramirez with “unspecified schizophrenia spectrum disorder.” He testified that Ramirez’s “primary and most concerning symptom . . . was his delusional beliefs.” He noted that Ramirez’s symptoms “resolved fairly quickly” once he started taking antipsychotic medication and that “he was off of observation status by August 17th.”

Dr. Fischer also testified that Ramirez’s risk of future violence was “moderate.” He explained that Ramirez’s mental illness was “in remission” but that many risk-management factors remained unknown because his first psychotic episode occurred at the time of the shooting, he had been stable for several months since the shooting but only in a controlled environment, and his longer-term response to treatment remained to be seen. Dr. Fischer noted that Ramirez was arrested as a juvenile for “beat[ing] some people up” and that he had also been involved in recent incidents with a neighbor—one led to a physical fight and one led to Ramirez pulling out his gun. Dr. Fischer noted that Ramirez was interested in guns, owned several handguns and assault rifles, and would often carry a firearm when he was living in Texas. Based on these and other factors, Dr. Fischer testified that there was a substantial likelihood that Ramirez would engage in acts capable of inflicting serious physical harm in the future because of his underlying mental illness. He therefore supported Ramirez’s initial commitment.

On June 29, 2022, the district court filed an order concluding that Ramirez met the statutory criteria for commitment as a person who has a mental illness and is dangerous to the public and committing him pending a 60-day review hearing.

*Review Hearing and Indeterminate Commitment*

On October 27, 2022, the district court held a 60-day review hearing.<sup>1</sup> The district court heard testimony from two forensic psychologists—Dr. Andrea Lovett and Dr. Kristin Matson. Dr. Lovett opined that Ramirez continued to meet the statutory criteria for

---

<sup>1</sup> The parties agreed to continue the hearing past 60 days.

commitment as a person who has a mental illness and is dangerous to the public, whereas Dr. Matson opined that Ramirez did not necessarily require the level of oversight associated with that classification. The district court also admitted several exhibits into evidence, including reports by each of the forensic psychologists and records from the Anoka Metro Regional Treatment Center (AMRTC), where Ramirez was hospitalized.

At the hearing, Dr. Lovett explained that she was testifying as a witness for the county. Her testimony was based on her review of all relevant records related to Ramirez, including the entire police file related to the second-degree murder charge, the forensic evaluations completed in connection with the murder case, all of Ramirez's AMRTC treatment records, and his county jail records. Dr. Lovett did not interview Ramirez because her request to meet with him was declined.

Dr. Lovett testified both as to whether Ramirez has a mental illness and whether he continues to be dangerous to the public. Based on her review of the records, Dr. Lovett diagnosed Ramirez with "schizophrenia, first episode, currently in full remission." She explained that schizophrenia is a life-long disorder that has no cure. She also diagnosed Ramirez with cannabis-use disorder and sedative-, hypnotic-, or anxiolytic-use disorder.

Dr. Lovett also opined that there was a substantial likelihood that Ramirez would engage in acts capable of inflicting serious harm on another in the future. She provided several reasons for this determination. First, she noted that Ramirez had a history of violence: he was in a fight in middle school that led to him being charged with battery and he reported altercations with a neighbor in Texas. During one of those incidents, Ramirez pulled out his gun and cocked it. Dr. Lovett also noted the shooting death of S.W. in July

of 2021 and the fact that Ramirez committed this violence against a random stranger, along with evidence indicating that Ramirez first fired his gun in his own hotel room even before shooting S.W. She stated that “the best predictor of future behavior is past behavior.” And she noted that, prior to shooting S.W., Ramirez had downloaded “graphic photos” on his phone of “individuals who were either severely injured or deceased.”

Second, Dr. Lovett testified that she was “extremely concerned” about Ramirez’s longstanding interest in firearms—Ramirez bought his first gun at the age of 20 and often carried a firearm on his person. He had multiple images and videos on his phone of firearms and of himself holding a gun while speaking to the camera. And he owned several handguns and assault rifles. Dr. Lovett explained that “all of these things are incredibly concerning [from] a Risk Assessment perspective.”

Third, Dr. Lovett testified that Ramirez’s lack of insight into his mental illness and his need for treatment contributed to his risk of violent recidivism. She stated that his level of insight into his mental illness was “problematic” because he told Dr. Matson—the other forensic psychologist—that he did not have his mental illness anymore, but that it might come back if he stopped taking his medication. Based on this statement, Dr. Lovett was concerned about the likelihood that Ramirez would stop taking his medications in the future if he were released, especially given that he had only been medicated in a controlled inpatient environment and had no experience complying with treatment while living on his own in the community. She noted that her assessment differed from Dr. Matson’s, which concluded that Ramirez was at “low to moderately elevated risk for future violence.”

Finally, Dr. Lovett explained that, in her opinion, Ramirez had continued to experience “intermittent symptoms of psychosis for several months after his arrest.” In October 2021, he told staff at the jail that he was hearing a humming noise consistently. In December 2021, he told Dr. Barbo that he continued to hear the voice of his grandfather, which he found frightening. And, in early 2022, he told Dr. Kenning that he would hear music when there was no external source of music. Dr. Lovett testified that it was important to consider the symptoms of schizophrenia that Ramirez continued to demonstrate, particularly because Ramirez has been medicated since his arrest in July 2021. For these reasons, Dr. Lovett was confident in her assessment that Ramirez remained dangerous to the public.

The district court also heard testimony from Dr. Matson, who conducted Ramirez’s 60-day evaluation on behalf of the state-operated treatment program and submitted a report, as required by statute. *See* Minn. Stat. § 253B.18, subd. 2(a) (2022). In her report, Dr. Matson noted the AMRTC treatment team’s determination on July 7, 2022, that Ramirez “no longer met [the] criteria for the level of care provided at AMRTC” and that Ramirez appeared to be “at psychiatric baseline.” But her report also noted that Ramirez told AMRTC staff on July 18, 2022, that commitment as a person who is mentally ill and dangerous “is best for me . . . [because] I don’t know that I wouldn’t do this again.”

At the hearing, Dr. Matson testified that AMRTC records showed that Ramirez was engaged in treatment, participating in individual therapy, and “considered a competent consentor for his medication regimen.” Dr. Matson stated that Ramirez had not endorsed “significant symptoms” of psychosis since being admitted at AMRTC. And she testified



that Ramirez's risk of future dangerousness to the public was "at a moderate level." When asked if she thought Ramirez continued to meet the statutory criteria for commitment as mentally ill and dangerous, Dr. Matson said: "I certainly think he could meet the criteria as mentally ill and dangerous. However, I think that there is sort of an intermediary option as well, which is extending his mentally ill commitment." She opined that the structure, oversight, and security necessary for someone with Ramirez's level of stability, insight, and functioning did not require commitment as mentally ill and dangerous.

On cross-examination, Dr. Matson agreed that Ramirez had been diagnosed with a mental illness that satisfied the first part of the statutory definition of a person who has a mental illness and is dangerous to the public. But she testified that there was not a substantial likelihood that Ramirez presented a clear danger to the safety of others. She acknowledged that Ramirez had "risk factors," but she testified that "[h]e is currently functioning at a level that mitigates many of those risk factors." She testified that it was "really hard to say" if the potential ongoing symptoms noted by Dr. Lovett were symptoms rather than "normative experiences." Dr. Matson acknowledged that Ramirez made the statement that he did not have his mental illness anymore, but it could come back if he stops his medications. But she testified that Ramirez's insight into the importance of medication compliance and abstinence from chemical use appeared to be "improving quite a bit." She also agreed with the prosecutor's statement that it was necessary that Ramirez "be discharged to a structured living setting, rather than just freely out into the community."

On January 18, 2023, the district court filed an order indeterminately committing Ramirez as a person who has a mental illness and is dangerous to the public. The district

court found that Ramirez “suffers from a mental illness as defined by Minn. Stat. § 253B.02, subd. 17” (2022). The district court explained that Ramirez was “actively psychotic” when he killed S.W. and continues to experience symptoms of mental illness. And the district court found that Ramirez lacks “insight into his mental illness and the critical need for him to take his medications,” as evidenced by his comment to Dr. Matson “that he no longer has his mental illness, but . . . if he stops taking his medications it ‘could’ come back.”

Regarding Ramirez’s likelihood of future violence, the district court credited Dr. Lovett’s opinion that Ramirez’s risk was “high” and that he continued to present a clear danger to the safety of others due to his mental illness. The district court noted Dr. Lovett’s concern about Ramirez’s “lack of insight into his triggers and his high-risk factors related to acute psychosis,” his “lack of insight into his risk of violent recidivism,” and “his easy access to lethal force if he returns to the community.” The district court did not find credible Dr. Matson’s opinion that there was not a substantial likelihood that Ramirez would engage in acts capable of inflicting serious harm on others in the future. The district court explained that this assessment appeared to disregard Ramirez’s “admitted continued symptoms of psychosis after September of 2021, his history of conflictual relationships, and his lack of insight into his mental illness and chemical dependency.”

Based on these findings, the district court concluded that there was clear and convincing evidence that Ramirez met the statutory requirements for continued commitment as a person who has a mental illness and is dangerous to the public.

Ramirez appeals.

## DECISION

Ramirez challenges his indeterminate commitment as a person who has a mental illness and is dangerous to the public. We review a district court’s factual findings in an order of indeterminate commitment for clear error. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). The clear-error standard of review “is a review of the record to confirm that evidence exists to support the decision.” *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 222 (Minn. 2021). “When the record reasonably supports the findings at issue on appeal, it is immaterial that the record might also provide a reasonable basis for inferences and findings to the contrary.” *Id.* at 223 (quotation omitted). When applying the clear-error standard of review, appellate courts (1) view the evidence in the light most favorable to the findings; (2) do not reweigh the evidence; (3) do not find their own facts; and (4) do not reconcile conflicting evidence. *Id.* at 221-22. And we will not set aside a district court’s findings of fact as clearly erroneous unless “left with a definite and firm conviction that a mistake has been committed.” *Id.* at 221 (quotation omitted). But whether the statutory criteria for commitment are met is a question of law, which we review de novo. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003).

Under Minnesota law, an individual meets the statutory criteria for commitment as a “person who has a mental illness and is dangerous to the public” if (1) the person has a mental illness,<sup>2</sup> and (2) the person “presents a clear danger to the safety of others” as a

---

<sup>2</sup> Minnesota law defines mental illness in this context as “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

result of that mental illness. Minn. Stat. § 253B.02, subd. 17. If a district court determines that these criteria are met by clear and convincing evidence, “it shall commit the person to a secure treatment facility . . . unless 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.” Minn. Stat. § 253B.18, subd. 1 (2022). Once a patient is initially committed, the treatment facility must file a report with the district court within 60 days, and the district court must hold a hearing to make a final determination as to whether the patient should remain committed. *Id.*, subd. 2(a). If the court finds “that the patient continues to be a person who has 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.

Ramirez makes three arguments in support of his challenge to the district court’s decision to commit him indeterminately as a person who has a mental illness and is dangerous to the public. We consider each argument in turn.

**I. The district court did not clearly err in its findings regarding Ramirez’s medications and his insight into his medical condition.**

Ramirez first argues that the district court clearly erred by finding that, at the time of the 60-day review hearing, Ramirez “had not yet agreed to taking his medications in a long-acting injectable form.” Ramirez argues that the district court’s finding is clearly erroneous because AMRTC records show that he had expressed interest in taking his

---

understand, and is manifested by instances of grossly disturbed behavior or faulty perceptions.” Minn. Stat. § 253B.02, subd. 17(1).

medication in a long-acting injectable form but that he was concerned “that he would not have access to a clinic” where he could receive monthly injections if he were released because he travels for work. And Ramirez argues that it was unreasonable for the district court to “twist[]” this concern into Ramirez “refusing his medications.”

We conclude that the district court did not clearly err by finding that, at the time of the 60-day review hearing, Ramirez “had not yet agreed to taking his medications in a long-acting injectable form.” We note that Ramirez somewhat mischaracterizes this factual finding, because the district court did *not* find that Ramirez had *refused* to take his medication. Rather, the district court found that Ramirez had “not yet agreed” to take his medication in a long-acting injectable form. There is no dispute that, at the time of the 60-day review hearing, Ramirez was taking daily oral medication rather than receiving it in a long-acting injectable form. Nor is there any dispute that he had expressed interest in an injectable form but had not committed to taking an injectable form because of a concern about his ability to make monthly appointments if he were released. Therefore, the record evidence supports the district court’s finding that Ramirez “had not yet agreed to taking his medications in a long-acting injectable form.” This factual finding is not clearly erroneous. *See Kenney*, 963 N.W.2d at 221.

Further, Ramirez also appears to challenge the district court’s separate finding that Ramirez “lack[ed] insight into his mental illness and the critical need for him to take his medications.” Ramirez argues that the district court erred by crediting Dr. Lovett’s testimony “that [Ramirez] lacked insight into his condition for refusing the injectable.” But while Dr. Lovett did testify that Ramirez’s “hesitance about accepting an injectable” was

one of several factors that suggested a lack of insight into his condition, the district court did not rely on that testimony in making its own finding. Instead, the district court's finding was based on Ramirez's comment to Dr. Matson that "he no longer has his mental illness, but . . . if he stops taking his medications it 'could' come back." Thus, the record supports the district court's finding that Ramirez demonstrated some lack of insight into his condition and his continuing need for medication.

**II. The district court did not improperly consider Ramirez's prior interest in firearms and possible future access to firearms as a basis for commitment.**

Ramirez next argues that the district court erred by considering his prior interest in, past ownership of, and potential future access to, firearms as a basis for commitment.

As noted above, an individual meets the statutory criteria for commitment as a "person who has a mental illness and is dangerous to the public" if they have a mental illness and they present "a clear danger to the safety of others" as a result of that mental illness. Minn. Stat. § 253B.02, subd. 17. The "clear danger" requirement is met if clear and convincing evidence shows both (1) that "the person has engaged in an overt act causing or attempting to cause serious physical harm to another and" (2) that "there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another" in the future. *Id.*, subd. 17(2). Here, there is no dispute that Ramirez "engaged in an overt act" that caused the death of S.W.

The district court also determined that "[t]here continues to be a substantial likelihood that [Ramirez] will engage in acts capable of inflicting serious physical harm on another." In making this determination, the district court credited Dr. Lovett's assessment

that Ramirez’s risk of violent recidivism was “high.” The district court also credited Dr. Lovett’s concern about Ramirez’s lack of insight into his risk of violent recidivism and “his easy access to lethal force if he returns to the community.” The district court’s findings included that Ramirez “has reported an interest in guns that began in adolescence,” has a permit to carry guns in Texas, “admits to owning several firearms and assault rifles,” and “carrie[d] a gun with him most of the time” prior to being committed.

Ramirez argues that the district court improperly turned its commitment decision “into a referendum on gun control” by basing its determination of Ramirez’s future dangerousness in part on his prior interest in guns, his past gun ownership, and “his easy access to lethal force if he returns to the community.” We disagree.

We conclude that the district court’s consideration of these factors was appropriate based on the statutory commitment criteria. Because Ramirez shot and killed a stranger with a gun while experiencing the psychotic episode that precipitated his commitment, his interest in guns and potential future access to guns is relevant to determining whether there remains a substantial likelihood that Ramirez “will engage in acts capable of inflicting serious physical harm” with a lethal weapon in the future. Minn. Stat. § 253B.02, subd. 17(2)(ii). Therefore, the district court appropriately considered that Ramirez has reported a longstanding interest in guns, has a permit to carry guns in Texas, owns several guns, and regularly carried a gun with him before being committed.

**III. The record supports the district court’s determination that Ramirez meets the criteria for indeterminate commitment.**

Finally, Ramirez argues that the record does not support the district court’s determination that he meets the statutory criteria for indeterminate commitment as a person who has a mental illness and is dangerous to the public. As noted above, we review the district court’s factual findings for clear error. *Knops*, 536 N.W.2d at 620. But whether the evidence meets the statutory criteria for commitment is a question of law, which we review de novo. *Thulin*, 660 N.W.2d at 144.

To indeterminately commit an individual as a “person who has a mental illness and is dangerous to the public,” a district court must determine that clear and convincing evidence shows that (1) the person has a mental illness and (2) they pose “a clear danger to the safety of others” as a result. Minn. Stat. §§ 253B.02, subd. 17, .18, subds. 1(a), 3. “[A] clear danger to the safety of others” is demonstrated when “the person has engaged in an overt act causing . . . serious physical harm to another,” *and* “there is a substantial likelihood that the person will engage in acts capable of inflicting serious physical harm on another” in the future. Minn. Stat. § 253B.02, subd. 17(2). The clear-and-convincing standard of proof is met “when the truth of the facts asserted is highly probable.” *State v. Ward*, 369 N.W.2d 293, 297 (Minn. 1985) (quotation omitted).

Here, following the 60-day review hearing, the district court concluded that Ramirez continues to have a mental illness, as defined by Minn. Stat. § 253B.02, subd. 17(1), and continues to pose “a clear danger to the safety of others due to his mental illness.” *See* Minn. Stat. § 253B.02, subd. 17(2). In support of its “clear danger” determination, the



district court explained that Ramirez was “actively psychotic” when he caused the death of S.W. in July 2021. In other words, he “engaged in an overt act” that caused “serious physical harm to another” as a result of his mental illness. *Id.*, subd. 17(2)(i). The district court also concluded that “[t]here continues to be a substantial likelihood that [Ramirez] will engage in acts that are capable of inflicting serious harm to others,” crediting Dr. Lovett’s opinion that Ramirez’s risk of violent recidivism is “high.” *See id.*, subd. 17(2)(ii). On that basis, the district court also concluded that “[i]t would be contrary to the interests of public safety” if Ramirez were not committed indeterminately.

Ramirez challenges both the district court’s determination that he has a mental illness and that he poses a clear danger to the safety of others. We address each argument in turn.

#### *Mental-Illness Determination*

Ramirez first appears to argue that he no longer meets the statutory criteria for classification as a person who has a mental illness. He argues that the evidence shows he is a model patient who has been “at psychiatric baseline” for months, and he emphasizes the determination of his AMRTC treatment team that his hospitalization is no longer medically warranted. Ramirez also relies on *In re Verhelst*, a case in which this court reversed a district court’s indeterminate-commitment order. 350 N.W.2d 494, 496 (Minn. App. 1984). Ramirez asserts that his “clinical achievements far surpass” that of the patient in *Verhelst*. Ultimately, Ramirez argues that “there is not clear and convincing [evidence] that [he] continues to be mentally ill.” We are not persuaded.

We conclude that clear and convincing evidence supports the district court’s determination that Ramirez has a mental illness. Each of the forensic psychologists who testified about Ramirez’s condition—Drs. Fischer, Lovett, and Matson—stated that his diagnosis met the statutory criteria for a mental illness. And Dr. Lovett explained that schizophrenia is a life-long disorder that has no cure, even when it is in remission. Dr. Lovett also explained that AMRTC’s determination that Ramirez no longer met the criteria for hospitalization was not determinative of whether he continued to have a mental illness, as defined by statute. Thus, clear and convincing evidence supports the district court’s finding that Ramirez has a mental illness.

We are not persuaded otherwise by Ramirez’s argument that his “clinical achievements far surpass” those of the patient whose commitment was reversed in *Verhelst*. In that case, the district court found that the patient was no longer mentally ill and dangerous at the time of her review hearing but nonetheless concluded that she still met the statutory criteria for indeterminate commitment based on the allegations in the commitment petition filed prior to the hearing. *Verhelst*, 350 N.W.2d at 496. This court reversed, concluding that “[i]t was improper to commit for an indeterminate period of time a patient specifically found not to be mentally ill and dangerous.” *Id.* Here, by contrast, the district court properly assessed whether Ramirez *continued* to meet the statutory criteria for commitment at his 60-day review hearing and did *not* find that Ramirez was no longer a person with a mental illness or that he was no longer dangerous to the public. We therefore conclude that Ramirez’s reliance on *Verhelst* is misplaced.

*Clear Danger to the Safety of Others*

Ramirez also challenges the district court's determination that he continues to pose a clear danger to the public. He argues that the district court unfairly discounted the initial assessment by Dr. Fischer and the 60-day review assessment by Dr. Matson, both of which opined that his risk of future violence is "moderate," and that the district court gave too much weight to Dr. Lovett's opinion that his future risk of violence is "high." He also argues that the district court failed to consider the evidence that he "has not engaged in violence or aggression since the instant offense" and "has been engaged in learning about his mental illness." Again, we are not persuaded.

We conclude that clear and convincing evidence supports the district court's determination that there continues to be "a substantial likelihood that [Ramirez] will engage in acts capable of inflicting serious physical harm on another" in the future. Minn. Stat. § 253B.02, subd. 17(2)(ii). The district court reached this conclusion based on its findings that Ramirez is at high risk of violent recidivism, that he lacks insight into his mental illness, and that he would have "easy access to lethal force" if he were released into the community. In making these findings, the district court explicitly credited Dr. Lovett's testimony and found that the conflicting portions of Dr. Matson's testimony were not credible. The district court gave logical reasons to support its credibility determinations, including that "Dr. Matson appeared to disregard [Ramirez's] admitted continued symptoms of psychosis after September of 2021, his history of conflictual relationships, and his lack of insight into his mental illness and chemical dependency." We defer to the district court's credibility determinations. *See Knops*, 536 N.W.2d at 620 (explaining that

appellate courts defer to a district court's credibility determinations, which have "particular significance" when "the findings of fact rest almost entirely on expert testimony").

In addition, Dr. Lovett's testimony addressed Ramirez's risk of future violence in detail. Dr. Lovett explained that she assessed Ramirez's risk of violent recidivism as "high" based on several factors. These factors included Ramirez's history of violence, the fact that he had downloaded "graphic photos" on his phone "of individuals who were either severely injured or deceased," Ramirez's longstanding interest in and ownership of firearms, and his lack of insight into his mental illness and need for treatment. Dr. Lovett also testified that, in her opinion, Ramirez had continued to experience "intermittent symptoms of psychosis for several months after his arrest" that should be considered in assessing his risk of future violence. These concerns are supported by the record. Therefore, considering the evidence in the light most favorable to the district court's decision, we conclude that clear and convincing evidence supports the district court's finding of a substantial likelihood that Ramirez will engage in future acts that could cause serious physical harm to another. *See Kenney*, 963 N.W.2d at 221.

We recognize that the 60-day review hearing involved competing evidence presented by two different experts. But we may not reweigh or resolve conflicting evidence on appeal. *Id.* at 221-22. The district court acted within its authority to resolve the conflicting testimony of Dr. Lovett and Dr. Matson, and the district court adequately explained its reasons for relying on Dr. Lovett's rather than Dr. Matson's opinion. *See In re Clemons*, 494 N.W.2d 519, 520 (Minn. App. 1993) (explaining that "[i]t is within the province of the [district] court to resolve any conflicting evidence").

In sum, we conclude that clear and convincing evidence supports the district court's determination that Ramirez meets the statutory criteria for indeterminate commitment as a person who has a mental illness and is dangerous to the public.

**Affirmed.**