STATE OF MINNESOTA
IN COURT OF APPEALS
A23-0937

In the Matter of the Civil Commitment of:
Nasteho Jama Abdullahi.

Filed October 30, 2023
Affirmed
Frisch, Judge

Hennepin County District Court
File No. 27-MH-PR-23-421

Christopher W. Bowman, Madigan, Dahl & Harlan, P.A., Minneapolis, Minnesota (for appellant Nasteho Abdullahi)

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Considered and decided by Frisch, Presiding Judge; Ede, Judge; and Smith, John, Judge.*

NONPRECEDENTIAL OPINION

FRISCH, Judge

Appellant argues that the district court erred in granting a petition for civil commitment and in authorizing the involuntary administration of neuroleptic medication. Because the record supports the district court's findings, we affirm.

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* Retired judge of the Minnesota Court of Appeals, serving by appointment pursuant to Minn. Const. art. VI, § 10.

FACTS

The district court granted a petition filed by respondent Hennepin County Medical Center (HCMC) to civilly commit appellant Nasteho Jama Abdullahi as a person who poses a risk of harm due to a mental illness.[1] The district court also issued an order granting HCMC's request that it authorize the involuntary administration of neuroleptic medication to treat Abdullahi's mental illness, also known as a *Jarvis* order.[2] The following facts were established through medical records, a court appointed medical examiner's report, and testimony at the commitment hearing.

On April 4, 2023, Abdullahi arrived by ambulance at HCMC after her family found her unresponsive following her consumption of a substantial amount of liquor. She was admitted to HCMC with an alcohol concentration of 0.483. Medical staff could not rouse Abdullahi and intubated her to protect her airway. She remained intubated until her condition improved the following day. Psychiatry staff evaluated Abdullahi, recommended inpatient psychiatric hospitalization, and prescribed Risperdal—a neuroleptic medication prescribed to treat schizophrenia. On April 7, Abdullahi was transferred to the psychiatric unit at HCMC. Abdullahi has a history of hospitalization for schizophrenia.

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[1] Testimony in this case indicated that appellant may have changed her name or prefers to be referenced by a different name. At oral argument and in briefing, appellant's counsel referred to appellant as Abdullahi. For clarity and consistency, we do the same.

[2] *See Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988) (holding that health-care professionals must obtain court approval before involuntarily treating a patient with neuroleptic medications).

While at HCMC, Abdullahi told providers that she consumed the alcohol that led to her hospitalization because she was thirsty and that she could not drink water because she was allergic to water. While in the psychiatric unit, she reiterated that she had a water allergy and refused to take medications with water. But while hospitalized, Abdullahi consumed other beverages. Abdullahi did not consistently adhere to her prescribed medication protocol. She frequently refused to take Risperdal but at other times took the medication after encouragement.

Abdullahi also engaged in other behaviors and expressed concerns that her providers noted were indicative of psychosis. Providers pointed to Abdullahi's flat affect, increased response latency, and paranoia in reaching the conclusion that she "appear[ed] to be experiencing ongoing symptoms of psychosis." Staff also observed Abdullahi checking the hallway to ensure there was no one present before leaving her room or collecting her food.

In support of its commitment and *Jarvis* petitions, HCMC submitted Abdullahi's pertinent medical records and a neuroleptic medication note for *Jarvis* proceedings. The parties stipulated to the admissibility of the medical examiner's report, and the district court took judicial notice of its contents.

Abdullahi testified in opposition to the petitions. She testified about her mental health and the events leading to her hospitalization and that she was cured of her prior diagnosis of schizophrenia and stopped taking her medication sometime in 2022. Abdullahi also testified, "I do have these moments when I laugh to myself or talk to myself." Abdullahi described her perceived water allergy and other undiagnosed allergies

and explained that alcohol helps with the dehydration caused by her water allergy. She stated that she would continue to drink alcohol to help with that allergy.

Abdullahi also testified about her prescribed medications. She acknowledged that she had not been consistent in taking prescribed medications in the past, but she expressed a willingness to take a substitute for Risperdal. Abdullahi testified she did not like the side effects of Risperdal, which she claimed included overheating and dehydration. Finally, Abdullahi noted she had scheduled an appointment with a new provider for medication and would work with that provider to resume medication for schizophrenia.

On April 26, the district court filed an order to commit Abdullahi as a person who poses a risk of harm due to a mental illness and an order authorizing use of neuroleptic medications.

Abdullahi appeals.

DECISION

Abdullahi challenges the sufficiency of the district court's factual findings and legal conclusions in ordering her civil commitment and the involuntary administration of neuroleptic medication. We review the district court's factual findings for clear error. *In re Civ. Commitment of Breault*, 942 N.W.2d 368, 378 (Minn. App. 2010). And "we review de novo whether . . . evidence in the record" supports the district court's conclusion that the evidence justifies its order for commitment and authorization of neuroleptic medication. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003).

Civil Commitment Order

We first address Abdullahi's challenge to her civil commitment. A district court may not civilly commit a person unless it "finds by clear and convincing evidence that the proposed patient is a person who poses a risk of harm due to mental illness." Minn. Stat. § 253B.09, subd. 1(a) (2022). A "person who poses a risk of harm due to mental illness" is someone who has an "organic disorder of the brain or a substantial psychiatric disorder . . . that grossly impairs judgment, behavior, capacity to recognize reality, or to reason or understand" that causes that person to pose "a substantial likelihood of physical harm to self or others." Minn. Stat. § 253B.02, subd. 17a(a) (2022). 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 mental illness if their 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) (2022).

The district court committed Abdullahi as a "person who poses a risk of harm due to mental illness." Abdullahi contends that the district court's findings are inadequate to support her commitment because it based its determination on a "single incident of intoxication" and failed to make sufficient independent findings of fact to support its decision. We disagree.

The evidence in the record shows that Abdullahi was not admitted to HCMC because of a single incident of intoxication. Instead, the record evidence establishes that Abdullahi's schizophrenia caused her paranoia, intoxication, and impairment. The incident

of intoxication that precipitated her hospitalization was a harm caused by Abdullahi's mental illness. Abdullahi testified that her perceived water allergy caused her hospitalization because she consumed alcohol as a substitute for water. Abdullahi further testified that she would continue to drink alcohol if it helped with her water allergy. And although Abdullahi later testified that her hospitalization was due to a "slight moment of overdrinking," the district court found otherwise. We defer to the district court's assessment of conflicting evidence. *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 222 (Minn. 2021). The statutory carve-out for commitment based on brief periods of intoxication or chemical dependency therefore does not apply here.

Abdullahi also objects to the commitment order because she claims that the district court improperly limited its findings to a "summary of what the court examiner had opined" rather than making "independent findings of fact as required by statute." When the district court orders civil commitment, its "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) (2022). We have emphasized "the legislative mandate that specific findings be made" and remanded for further findings when a commitment order "[did] not specify any conduct supporting the determination, or state that the statutory criteria of commitment have been met, or discuss less restrictive alternatives." *In re the Alleged Mental Illness of Stewart*, 352 N.W.2d 811, 813 (Minn. App. 1984).

We disagree with the characterization that the district court simply summarized the examiner's report in ordering Abdullahi's civil commitment. The district court supported

its decision with independent findings drawn from the examiner's report, the medical records, and Abdullahi's testimony regarding her behavior and paranoid perceptions. The district court cited directly to Abdullahi's medical records of historical refusal to take prescribed medication, that she believed that her medication causes blood clots, her lack of insight into her mental illness, documented instances demonstrating paranoia, and unsupported somatic concerns like her water allergy. And Abdullahi's testimony regarding her water allergy, which led to her hospitalization, as well as her stated intention to continue consuming alcohol, also support the district court's commitment order, apart from the examiner's report.

Even so, the cases cited by Abdullahi are inapposite. While it is true that we have cautioned district courts against adopting verbatim one party's proposed findings of fact instead of making independent findings of fact required by statute, the district court here did no such thing. *See, e.g.*, *Bliss v. Bliss*, 493 N.W.2d 583, 590 (Minn. App. 1992), *rev. denied* (Minn. Feb. 12, 1993); *Dukes v. State*, 621 N.W.2d 246, 258-59 (Minn. 2001).

In sum, we affirm the commitment order because the order is supported by the record and the district court did not verbatim adopt the findings in the examiner's report.

Jarvis Order

Abdullahi also challenges the district court's *Jarvis* order. Patients have a constitutional right to refuse intrusive medical treatment like neuroleptic medication. *Jarvis*, 418 N.W.2d at 148. But a district court may order involuntary administration of medication if it concludes, among other things, that the patient lacks capacity to make a reasoned decision regarding the use of neuroleptic medication. *In re Civ. Commitment of*

Froehlich, 961 N.W.2d 248, 254 (Minn. App. 2021). In that circumstance, Minn. Stat. § 253B.092, subd. 7 (2022), directs the district court:

> (a) When a patient lacks capacity to make decisions regarding the administration of neuroleptic medication, the substitute decision-maker or the court shall use the standards in this subdivision in making a decision regarding administration of the medication.
>
> (b) If the patient clearly stated what the patient would choose to do in this situation when the patient had the capacity to make a reasoned decision, the patient's wishes must be followed. Evidence of the patient's wishes may include written instruments, including a durable power of attorney for health care under chapter 145C or a declaration under section 253B.03, subdivision 6d.
>
> (c) If evidence of the patient's wishes regarding the administration of neuroleptic medications is conflicting or lacking, the decision must be based on what a reasonable person would do, taking into consideration:
> (1) the patient's family, community, moral, religious, and social values;
> (2) the medical risks, benefits, and alternatives to the proposed treatment;
> (3) past efficacy and any extenuating circumstances of past use of neuroleptic medications; and
> (4) any other relevant factors.

Consistent with Minn. Stat. § 253B.092, subd. 7, if the district court finds that a patient lacks capacity, "it must next consider whether the patient clearly stated what [they] would choose to do in this situation when [they] had the capacity to make a reasoned decision." *Froehlich*, 961 N.W.2d at 255 (quotations omitted) (citing Minn. Stat. § 253B.092, subd. 7(b) (2020)). If evidence of a "patient's wishes is conflicting or lacking the court must determine what a reasonable person would do." *Id.* at 256 (quotations omitted) (citing Minn. Stat. § 253B.092, subd. 7(c) (2020)).

The district court satisfied its statutory obligation when it determined the *Jarvis* issue under subdivision 7(c). At oral argument before this court, Abdullahi agreed that the district court analyzed the *Jarvis* issue under Minn. Stat. § 253B.092, subd. 7(c). Importantly, Abdullahi does not contest the district court's findings under that subdivision. And the district court properly analyzed the *Jarvis* issue under subdivision 7(c) and made sufficient findings supported by the record that the decision to administer neuroleptic medication was based on what a reasonable person would do considering the circumstances set forth in the statute.

Notwithstanding the fact that the district court made sufficient findings under subdivision 7(c) for the administration of neuroleptic medication, Abdullahi argues that the district court nevertheless erred because it did not *also* analyze the *Jarvis* issue under subdivision 7(b). Abdullahi argues this analysis is required because she asserts that her decision to stop taking the medication a year before her hospitalization was a clear statement of her wishes and that she had capacity to make a reasoned decision at that time.

We note that the district court did not make an explicit finding on this issue likely because Abdullahi did not specifically raise this issue before the district court. And during the commitment hearing, Abdullahi did not identify her decision to cease medication a year prior as a "clear statement" about her wishes. We therefore address the district court's implicit determination that Abdullahi did not make a clear statement of her wishes at a time that she had capacity to make a reasoned decision. *Accord Prahl v. Prahl*, 627 N.W.2d 698, 703 (Minn. App. 2001) (stating that, in the context of a marriage dissolution proceeding, "[w]e may treat statutory factors as addressed when they are implicit in the

findings"); *Eckman v. Eckman*, 410 N.W.2d 385, 389 (Minn. App. 1987) (stating that, in the context of a child-custody modification proceeding, the district court's failure to make a specific finding regarding the balance of harms was not reversible error when such finding was implicit from the district court's analysis of the child's best interests and endangerment). In the interests of completeness, we will treat this question as implicitly decided by the district court. *Cf.* Minn. R. Civ. App. P. 103.04 (noting that appellate courts may address questions in the interests of justice).

The implicit conclusion from the district court's findings is that Abdullahi was, and is, unable to make reasoned decisions about her medication. This conclusion is well-supported by the record. The district court found that the paranoia and delusions caused by Abdullahi's ongoing mental illness interfere with her ability to make reasoned decisions, that she has historically been unreliable in voluntarily taking her medication, and that she lacks insight and understanding of her circumstances. The only record evidence of Abdullahi's purported decision to cease medication originated from Abdullahi's testimony at the commitment hearing. The district court explicitly concluded that Abdullahi lacked present capacity at the time of the hearing because of her mental illness. Stated differently, the record is devoid of evidence of a clear statement of Abdullahi's wishes at a time she had capacity to make a reasoned decision, we therefore see no error by the district court in issuing the *Jarvis* order.

Abdullahi also faults the district court for failing to infer that her decision to stop taking her medication a year prior to the hearing amounted to a clear statement of her wishes. We discern no such error. The statute provides that evidence of a patient's wishes

"may include written instruments, including a durable power of attorney for health care . . . or a[n] [adult mental-health treatment] declaration." Minn. Stat. § 253.092, subd. 7(b). An inference drawn from a purported decision to cease medication is not the type of "clear statement" contemplated by Minn. Stat. § 253B.092, subd. 7(b). *See Froehlich*, 961 N.W.2d at 256-57 (finding that a health-care directive was not a clear statement of the patient's wishes because the document was inconsistent and other evidence at trial indicated different wishes regarding medication). No such "clear statement" exists in this record.

Because the district court did not err in ordering neuroleptic medication under Minn. Stat. § 253B.092, subd. 7(c), we affirm.

Affirmed.