STATE OF MINNESOTA
IN COURT OF APPEALS
A25-0233

In the Matter of the Civil Commitment of: Nadezdha Dmitrieva.

Filed August 4, 2025
Affirmed
Ede, Judge

Hennepin County District Court
File No. 27-MH-PR-25-8

Gabe Monson, Hennepin County Adult Representation Services, Minneapolis, Minnesota (for appellant Nadezdha Dmitrieva)

Mary F. Moriarty, Hennepin County Attorney, Annsara Lovejoy Elasky, Assistant County Attorney, Minneapolis, Minnesota (for respondent Fairview Range Medical Center)

Considered and decided by Ede, Presiding Judge; Slieter, Judge; and Bond, Judge.

NONPRECEDENTIAL OPINION

EDE, Judge

Appellant challenges the district court's order civilly committing her as a person who poses a risk of harm due to mental illness, contending that the record does not establish (A) that she poses a substantial likelihood of physical harm based on a failure to provide herself with necessary food or shelter and (B) that she poses a substantial likelihood of physical harm based on a future risk of significant psychiatric deterioration. We affirm.

FACTS

In January 2025, respondent Hennepin County petitioned to civilly commit appellant Nadezdha Dmitrieva. The matter proceeded to a commitment hearing. The following factual summary stems from the hearing record and the district court's findings of fact in the resulting civil commitment order.[1]

In late December 2024, Dmitrieva was treated at Fairview Riverside Medical Center (Fairview Riverside) after members of her family called emergency medical services with concerns about her safety. Dmitrieva's mother found Dmitrieva "in her bed shaking." Although she at first agreed to go to the hospital, Dmitrieva later refused after she "ask[ed] the voices if she should go" and "[t]hey told her no." Her family reported that she was diagnosed with schizophrenia and had not been taking her medications for two months, that she had lost over 40 pounds in the previous few months because she was not eating, that she was not cleaning up animal feces in her house, and that she was having auditory and visual hallucinations. Her mother also noted how weak Dmitrieva had become because she was not eating or drinking.

At Fairview Riverside, Dmitrieva presented with "acute decompensation."[2] Her medical records indicate that she had a past psychiatric history of schizophrenia, bipolar

[1] Because Dmitrieva does not challenge the district court's findings of fact as clearly erroneous, we rely primarily on those factual findings in addressing Dmitrieva's appellate arguments. Our summary of the hearing record is presented only as it relates to Dmitrieva's arguments that the record does not contain clear and convincing evidence to support the district court's conclusion that she met the statutory criteria for commitment.

[2] *See United States v. Mitchell*, 11 F.4th 668, 670–71 n.2 (8th Cir. 2021) (noting that "decompensation is a breakdown in an individual's defense mechanisms, resulting in

disorder, attention deficit hyperactivity disorder, depression, and anxiety. During her treatment, Dmitrieva exhibited delusions. For example, she claimed that she works for Elon Musk, that he communicates with her through advanced technology, that she is a "prophet," and that she is on a "karmic journey." After receiving treatment in the Fairview Riverside emergency department, Dmitrieva was transferred to the Fairview Range Medical Center (Fairview Range) on December 31, 2024.

On January 2, 2025, Hennepin County placed Dmitrieva on a 72-hour hold and petitioned to commit her as a person who poses a risk of harm due to mental illness. Her medical records reflect that she "remain[ed] in a decompensated state" through the first week of January.

Before the commitment hearing, a court-appointed examiner (the examiner) submitted a report to the court. The examiner diagnosed Dmitrieva with "[u]nspecified schizophrenia spectrum and other psychotic disorder." Although the examiner stated that Dmitrieva had not "failed to obtain necessary food, clothing, shelter, or medical care" and that "there was insufficient evidence that [Dmitrieva had] . . . caused harm to herself by failing to obtain food or by maintaining unsanitary living conditions," the examiner also opined that, "[g]iven the direct impact of her symptoms on her oral intake, it [was] likely she would continue reduced oral intake in the future, which could have result[ed] in more significant medical concerns, unless appropriate treatment [was] provided." And the examiner reported that "[t]he prominence of her symptoms, in conjunction with her poor

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progressive loss of normal functioning or worsening of psychiatric symptoms" (quotation omitted)).

insight, indicate[d] she would likely suffer significant psychiatric deterioration if appropriate treatment and services [were] not provided." The examiner therefore stated that the least restrictive, appropriate treatment for Dmitrieva was civil commitment and continued inpatient treatment until her mental status was stabilized.

On January 10, 2025, the district court held the commitment hearing on Hennepin County's petition. The district court took judicial notice of the examiner's report. Hennepin County offered four exhibits: (1) medical notes about neuroleptic medication for purposes of *Jarvis*[3] proceedings; (2) Fairview Riverside medical records; (3) initial Fairview Range medical records; and (4) updated Fairview Range medical records. In addition, the district court heard testimony from one of Dmitrieva's medical providers (the medical provider), the examiner, and Dmitrieva.

The medical provider testified that he worked at Fairview Range and was Dmitrieva's provider at that facility during her hospitalization. He explained that, although Dmitrieva was eating and drinking under his care, he still had concerns about her lack of food intake and her weight loss arising from mental illness.

The examiner testified that, based on her review of relevant records and her interview with Dmitrieva, there was insufficient evidence to conclude that Dmitrieva had harmed herself by maintaining an unsanitary home or by failing to obtain food. But the

[3] *See Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988) (holding that "medical authorities seeking to treat [a patient] involuntarily with neuroleptic drugs must obtain pre-treatment judicial review").

examiner also stated that she was concerned about Dmitrieva's future food intake because, when Dmitrieva had visions, she sometimes did not have an appetite.

Dmitrieva claimed that she was "on a spiritual journey" and that, "[i]n the spiritual community," people felt "ill when they . . . [had] visions or premonitions or downloads; things like that." She also agreed that her visions "impact[ed her] eating in a way that [was] unhealthy" and testified that, when she had "visions," they would "make[her] sick." But Dmitrieva denied that she had lost 40 pounds in the last two months, asserting that this was "a major exaggeration from [her] mom."

Following closing argument from counsel for both parties, the district court took the matter under advisement. The district court later filed an order committing Dmitrieva as a person who poses a risk of harm due to mental illness and an order authorizing the use of neuroleptic medications.

Dmitrieva appeals from the district court's civil commitment order.[4]

DECISION

In challenging the district court's civil commitment order, Dmitrieva maintains that the record does not establish (A) that she posed a substantial likelihood of physical harm based on a failure to provide herself with necessary food or shelter and (B) that she posed a substantial likelihood of physical harm based on a future risk of significant psychiatric deterioration. We respectfully disagree.

[4] In this appeal, Dmitrieva does not challenge the district court's order authorizing the use of neuroleptic medications.

Whether the record contains clear and convincing evidence to support the district court's conclusion that an individual meets the statutory criteria for commitment is a question of law that appellate courts review de novo. *In re Linehan*, 518 N.W.2d 609, 613 (Minn. 1994); *In re Civ. Commitment of Crosby*, 824 N.W.2d 351, 356 (Minn. App. 2013), *rev. denied* (Minn. Mar. 27, 2013). The evidence must be sufficient to support the district court's legal conclusion that an individual meets the statutory criteria for commitment. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003).

The Minnesota Commitment and Treatment Act (MCTA) provides that the district court may civilly commit an individual "[i]f the court finds by clear and convincing evidence that the proposed patient is a person who poses a risk of harm due to mental illness" and there is "no suitable alternative to judicial commitment." Minn. Stat. § 253B.09, subd. 1(a) (2024). A person poses a risk of harm due to mental illness if they have "an organic disorder of the brain or a substantial psychiatric disorder of thought, mood, perception, orientation, or memory" and, because of their condition, "pose[] a substantial likelihood of physical harm to self or others." Minn. Stat. § 253B.02, subd. 17a(a) (2024). A "substantial likelihood of physical harm to self or others" is shown by:

> (1) a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment;
>
> (2) an inability for reasons other than indigence to obtain necessary food, clothing, shelter, or medical care as a result of the impairment and it is more probable than not that the person will suffer substantial harm, significant psychiatric deterioration or debilitation, or serious illness, unless appropriate treatment and services are provided;

(3) a recent attempt or threat to physically harm self or others; or

(4) recent and volitional conduct involving significant damage to substantial property.

Id., subd. 17a(a)(1)–(4).

In ordering civil commitment, the district court need only find one of the factors above to determine that a person poses a substantial likelihood of physical harm to themself or others. *See id.* "The [district] court shall make its determination upon the entire record pursuant to the Rules of Evidence." Minn. Stat. § 253B.08, subd. 7 (2024). And the district court must "find the facts specifically, and separately state its conclusions of law . . . specifically stat[ing] 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) (2024).

As noted above, Dmitrieva argues that the district court's factual findings do not support the determination that she met the statutory criteria for commitment, specifically as to the factors enumerated in Minnesota Statutes section 253B.02, subdivision 17a(a)(1) and (2). Below, we address each of Dmitrieva's contentions in turn.

A. The district court did not err in determining that Dmitrieva posed a substantial likelihood of physical harm based on her failure to provide herself with necessary food.

Dmitrieva asserts that the record does not establish that she posed a risk of harm due to mental illness by failing to provide herself with food or shelter. She focuses on the examiner's report, which the district court found "persuasive." More specifically,

Dmitrieva points to those aspects of the examiner's report stating that she had not "failed to obtain necessary food, clothing, shelter, or medical care" and that "there was insufficient evidence that [Dmitrieva had] . . . caused harm to herself by failing to obtain food or by maintaining unsanitary living conditions." According to Dmitrieva, because the evidence before the district court did "not include any information on [Dmitrieva]'s current weight or current labs," and given those aspects of the examiner's report quoted above, the court's commitment determination is not sufficiently supported by clear and convincing evidence. Dmitrieva's arguments are unavailing.

"[S]peculation as to whether the person may, in the future, fail to obtain necessary food, clothing, shelter, or medical care or may attempt or threaten to harm self or others is not sufficient to justify civil commitment as a mentally ill person." *In re McGaughey*, 536 N.W.2d 621, 623 (Minn. 1995). But the Minnesota Supreme Court has explained that it is not a prerequisite "that the person must either come to harm or harm others before commitment as a mentally ill person is justified." *Id.* Instead, "[t]he statute requires only that a substantial likelihood of physical harm exists, as demonstrated by an overt failure to obtain necessary food, clothing, shelter, or medical care or by a recent attempt or threat to harm self or others." *Id.* at 623–24 (footnote omitted).

We conclude that the district court's civil commitment order is sufficiently supported by its findings, which are drawn from the record—i.e., the examiner's report, medical records, and the testimony of the witnesses, including Dmitrieva. In particular, the district court found that Dmitrieva "is ill with [u]nspecified schizophrenia spectrum and other psychotic disorder, which is a substantial psychiatric disorder of her thought, mood,

and perception, that grossly impairs her judgment, behavior, capacity to recognize reality, and ability to reason or understand." Moreover, the district court found that, "due to this impairment, [Dmitrieva] poses a substantial likelihood of causing physical harm" for, among other things, the following reasons. According to her family, Dmitrieva had reduced her oral intake, had lost weight, was not taking her medication, and was experiencing hallucinations before her hospitalization. During her hospitalization, Dmitrieva exhibited thought disorder and delusions relating to visions, which she connected to her decreased oral intake because she felt sick. And Dmitrieva exhibited poor insight into her mental illness and remained decompensated through the time of the commitment hearing.

The record reasonably supports these determinations by the district court. The examiner diagnosed Dmitrieva with "[u]nspecified schizophrenia spectrum and other psychotic disorder." Although Dmitrieva was reportedly diagnosed with schizophrenia, her family stated that she had not been taking her medications for two months, that she had lost over 40 pounds in the previous few months because she was not eating, and that she was having auditory and visual hallucinations. Dmitrieva's mother also noted how weak Dmitrieva had become because she was not eating or drinking. Medical records reveal that Dmitrieva remained in a "decompensated state" from the time she began receiving treatment at Fairview Riverside in December 2024 through the first week of January 2025—just before the commitment hearing was held—and the medical provider and the examiner both testified about their concerns for Dmitrieva's oral intake. And Dmitrieva

herself affirmed that her "visions" affected her eating in a way that was unhealthy because they made her sick.[5]

While we are mindful that the medical records on Dmitrieva's weight loss are limited, the district court was nonetheless obligated to "make its determination upon the entire record pursuant to the Rules of Evidence." Minn. Stat. § 253B.08, subd. 7. This means that the district court needed to decide whether to order civil commitment based not only on those aspects of the examiner's report and the record that Dmitrieva highlights, but also on the rest of the evidence that was before the court, which included the facts discussed above. And despite the portions of the examiner's report that Dmitrieva relies on, the examiner also wrote that, "[g]iven the direct impact of her symptoms on her oral intake, it is likely [Dmitrieva] would continue reduced oral intake in the future, which could result in more significant medical concerns, unless appropriate treatment is provided." Moreover, the examiner testified that she was concerned about Dmitrieva's future food intake because, when Dmitrieva had visions, she sometimes did not have an appetite. Thus, the examiner recommended that the least restrictive, appropriate treatment for Dmitrieva was civil commitment and continued inpatient treatment until her mental status was stabilized.

[5] As noted earlier, Dmitrieva does not challenge any of the district court's factual findings on this issue as clearly erroneous. But to the extent that Dmitrieva's argument asks this court to reweigh the examiner's report against other evidence in the record and to reconcile any conflicts, such an assertion would lack merit. This is because, when reviewing factual findings for clear error, appellate courts (1) view the evidence in the light most favorable to the findings, (2) do not find their own facts, (3) do not reweigh the evidence, and (4) do not reconcile conflicting evidence. *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221–22 (Minn. 2021).

Consequently, the district court correctly determined that there was clear and convincing evidence that Dmitrieva posed a substantial likelihood of physical harm to herself as shown by her failure to obtain necessary food because of her impairment. In support of this determination, the district court made "sufficiently particular findings of fact on the key issues" to support its conclusions of law. *In re Civ. Commitment of Spicer*, 853 N.W.2d 803, 810 (Minn. App. 2014). Based on those findings—which Dmitrieva does not challenge as clearly erroneous on appeal, and which are reasonably supported by the record—the district court did not err in determining that there was clear and convincing evidence that Dmitrieva presented a substantial likelihood of physical harm to herself, as shown by a failure to obtain necessary food because of her impairment, per subdivision 17a(a)(1) of section 253B.02.[6] *See Crosby*, 824 N.W.2d at 356.

B. The district court did not err in determining that Dmitrieva poses a substantial likelihood of physical harm based on a future risk of significant psychiatric deterioration.

Dmitrieva also maintains that the examiner's opinion "is far too speculative under the requirements of the commitment statute and the language from the Minnesota Supreme

[6] Although we acknowledge that Dmitrieva has also asserted that the record does not establish that she posed a risk of harm due to mental illness by failing to provide herself with necessary shelter, we decline to reach that issue because we conclude that the statutory basis for civil commitment was met by the clear and convincing evidence of Dmitrieva's failure to obtain necessary food. *See* Minn. Stat. § 253B.02, subd. 17a(a)(1) (stating that a "substantial likelihood of physical harm to self or others" may be shown by "a failure to obtain necessary food, clothing, shelter, *or* medical care as a result of impairment" (emphasis added)); *see also Back v. State*, 902 N.W.2d 23, 32 (Minn. 2017) (explaining that, "[h]ad the [legislature's] objective [in enacting a statute] been to require only one of . . . two grounds, making neither ground dependent on the other, then the disjunctive 'or' would have been used" (quotation omitted)).

Court in *McGaughey*." She argues that Hennepin County "cannot prove that [she] will suffer harm from future food intake issues when it has not been able to show [that she] has suffered harm from her current level of food intake." We need not address this argument because we have already concluded that the district court did not err in ordering civil commitment based on its determination under subdivision 17a(a)(1) of section 253B.02 that Dmitrieva poses a substantial likelihood of physical harm based on her failure to provide herself with necessary food. *See* Minn. Stat. § 253B.02, subd. 17a(a)(1)–(4) (setting forth the four statutory grounds for establishing a "substantial likelihood of physical harm to self or others" in the disjunctive); *see also Back*, 902 N.W.2d at 32. But in the interest of completeness, even if the district court erred in its subdivision (1) determination, Dmitrieva's subdivision 17a(a)(2) argument does not warrant reversal.

Based on the district court's undisputed and reasonably supported findings, we conclude that the court did not err in determining that there is clear and convincing evidence that Dmitrieva met the standard for commitment under subdivision 17a(a)(2). *See Crosby*, 824 N.W.2d at 356. The district court found that Dmitrieva exhibited poor insight into her mental illness, that she believed "she was not experiencing any symptoms of psychosis," that she did not participate in her current medical care, and that her family reported her previous noncompliance with her medication.

The record establishes that Dmitrieva failed to provide herself with medical care due to her mental illness and that she posed a substantial likelihood of physical harm based on a future risk of significant psychiatric deterioration. As discussed above, it is not a prerequisite "that the person must either come to harm or harm others before commitment

as a mentally ill person is justified." *McGaughey*, 536 N.W.2d at 623. While the most recent medical report stated that Dmitrieva had been eating and drinking, it was Dmitrieva's reduced oral intake because of her delusions that precipitated her emergency room visit, evincing "an overt failure to obtain necessary food." *Id.* Moreover, although the examiner's report does not reflect the most current information pertaining to Dmitrieva's medication compliance, Dmitrieva's own testimony revealed that she was no longer taking her medication and that her delusions were linked to her reduced oral intake. The record also demonstrates that Dmitrieva remained in a decompensated state up to the time of the commitment hearing and was declining to participate in her medical care. And her initial presentation of "acute decompensation" at Fairview Riverside shows that Dmitrieva had failed to provide herself with medical care because of her mental illness and that she posed a substantial likelihood of physical harm based on a future risk of significant psychiatric deterioration.

Given the record on this issue, we conclude that the district court likewise made "sufficiently particular findings of fact" to support its conclusions of law. *Spicer*, 853 N.W.2d at 810. The district court did not err in determining that Dmitrieva posed a substantial likelihood of physical harm because it was more probable than not that she would suffer significant psychiatric deterioration unless appropriate treatment and services were provided. *See* Minn. Stat. § 253B.02, subd. 17a(a)(2).

Affirmed.