STATE OF MINNESOTA
IN COURT OF APPEALS
A25-0560

In the Matter of the Civil Commitment of: Samuel Omwando Nyaboga.

Filed September 8, 2025
Affirmed
Harris, Judge

Hennepin County District Court
File No. 27-MH-PR-18-507

Samuel O' Nyaboga, St. Peter, Minnesota (pro se appellant)

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

Considered and decided by Frisch, Presiding Chief Judge; Schmidt, Judge; and Harris, Judge.

NONPRECEDENTIAL OPINION

HARRIS, Judge

Appellant challenges the district court's decision granting a petition authorizing the involuntary administration of neuroleptic medications. Because the record supports the district court's decision, we affirm.

FACTS

In 2017, appellant Samuel Omwando Nyaboga was charged with attempted second-degree murder and second-degree assault with a dangerous weapon after seriously injuring a woman with an ax. The district court found Nyaboga incompetent to proceed in the

criminal case, and he was civilly committed as what was then known as a person who was mentally ill and dangerous.[1]

Nyaboga was admitted to the Minnesota Security Hospital in November 2018 and received treatment from the Forensic Mental Health Program (FMHP). In March 2019, the district court committed Nyaboga for an indeterminate amount of time. The following month, the district court authorized FMHP to involuntarily administer neuroleptic medications. Neuroleptic medications are an intrusive treatment option for patients who are civilly committed as person who poses a risk of harm due to mental illness. *In re Civ. Commitment of Breault*, 942 N.W.2d 368, 373 (Minn. App. 2020); Minn. Stat. § 253B.092, subd. 1 (2024). FMHP administered Abilify, and records indicate that Nyaboga's mood and ability to attend and engage in groups improved while on the medication. The initial 20 mg dose was tapered down to 5 mg, and the medication was discontinued in February 2021.

In November 2024, Nyaboga's treatment team reviewed whether Nyaboga should try Abilify again. After a second physician reviewed Nyaboga's medical records, FMHP filed a petition for authorization to administer neuroleptic medication. The treatment team

[1] In 2020, the legislature substituted the terms "Person who poses a risk of harm due to mental illness" and "Person who has a mental illness and is dangerous to the public" for the existing terms "Person who is mentally ill" and "Person who is mentally ill and dangerous," respectively. The amendments, however, left the original definitions substantially in place. *See* 2020 Minn. Laws 1st Spec. Sess. ch. 2, art. 6, § 7 ("Person who poses a risk of harm due to mental illness") and §9 ("Person who has a mental illness and is dangerous to the public"); *see also* 2020 Minn. Laws 1st Spec. Sess. ch. 2, art. 6, § 123 (requiring revisor to put new definitions in alphabetical order). Those amendments became effective on August 1, 2020. Minn. Stat. § 645.02.

determined neuroleptic medications were appropriate because Nyaboga was experiencing increased delusional paranoia, which was impacting his ability to participate in treatment. Nyaboga filed correspondence strongly opposing the petition.

The district court appointed a court examiner, Dr. Catherine Carlson, who completed a report. Nyaboga declined to participate in the examination, but Dr. Carlson reviewed the case and opined that Nyaboga did not have capacity to make decisions regarding the administration of neuroleptic medications. Dr. Carlson concluded that Nyaboga "does not believe he suffers from a major [mental illness] and is opposed to taking any psychiatric medication."

In April 2025, the parties appeared for a hearing.[2] Nyaboga did not appear, but counsel appeared on his behalf and the district court waived Nyaboga's appearance. The district court reviewed five exhibits and Dr. Carlson's report. Dr. Carlson and a psychiatry provider at FMHP also testified in support of the petition and the district court found their testimony credible.

The district court authorized FMHP to involuntarily administer neuroleptic medications because Nyaboga lacked capacity to make informed decisions about medication and treatment with neuroleptic medications was necessary and reasonable.

Nyaboga appeals.

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[2] The transcript from the hearing is not included in the appellate record. Without a transcript, we are unable to review whether the district court's findings related to the testimony are clearly erroneous. See *State v. Heithecker*, 395 N.W.2d 382, 383 (Minn. App. 1986) ("Without a trial transcript, it is impossible to judge the merits of appellant's case."); Minn. R. Civ. App. P. 110.02, subd. 1 (stating that appellant "shall" provide the transcript of proceedings for appellate review).

DECISION

Nyaboga argues that the district court erred in granting the petition authorizing the involuntary administration of neuroleptic medications. He challenges the district court's findings that he lacks capacity and that treatment with neuroleptic medications is necessary and reasonable.

Civilly committed patients have the right to privacy under the Minnesota Constitution, which includes the right to refuse intrusive treatment with neuroleptic medications. *In re Civ. Commitment of Froehlich*, 961 N.W.2d 248, 252 (Minn. App. 2021). When a patient does not consent to treatment, persons seeking to administer neuroleptic medications involuntarily must obtain a court order, referred to as a *Jarvis* order. Minn. Stat. § 253B.092, subd. 8(a) (2024); *Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988).

The district court must determine whether the patient "lacks capacity to make decisions regarding the administration of neuroleptic medication" and, if so, whether "a reasonable person in the patient's position would consent to treatment." Minn. Stat. § 253B.092, subd. 7(a), (c) (2024); *Breault*, 942 N.W.2d at 378. Also, "persons seeking to administer neuroleptic medications must prove by *clear and convincing evidence* that such medication is necessary." *In re Peterson*, 446 N.W.2d 669, 672 (Minn. App. 1989), *rev. denied* (Minn. Dec. 1, 1989); *Jarvis*, 418 N.W.2d at 146-48.

We review de novo whether the record, when viewed in the light most favorable to the district court's decision, supports the district court's decision to issue a *Jarvis* order. *In re Thulin*, 660 N.W.2d 140, 144 (Minn. App. 2003); *Breault*, 942 N.W.2d at 378. We

review the district court's findings supporting its decision for clear error. *Froehlich*, 961 N.W.2d at 255. "[B]ecause the factfinder has the primary responsibility of determining the fact issues . . . an appellate court's duty is fully performed after it has fairly considered all the evidence and has determined that the evidence reasonably supports the decision." *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 222 (Minn. 2021) (quotation omitted).

A. The district court's finding that Nyaboga lacks the capacity to decide whether to consent to treatment with neuroleptic medications is supported by the record and not clearly erroneous.

A patient is presumed to have the capacity to decide whether to consent to treatment with neuroleptic medications. Minn. Stat. § 253B.092, subd. 5(a) (2024). The petitioner can rebut this presumption by proving incapacity by a preponderance of the evidence. *Froehlich*, 961 N.W.2d at 254. By statute, a patient is competent if that patient:

> (1) has an awareness of the nature of the patient's situation, including the reasons for hospitalization, and the possible consequences of refusing treatment with neuroleptic medications;
>
> (2) has an understanding of treatment with neuroleptic medications and the risks, benefits, and alternatives; and
>
> (3) communicates verbally or nonverbally a clear choice regarding treatment with neuroleptic medications that is a reasoned one not based on a symptom of the patient's mental illness, even though it may not be in the patient's best interests.

Minn. Stat. § 253B.092, subd. 5(b) (2024). "Disagreement with the medical practitioner's recommendation alone is not evidence of an unreasonable decision." *Id.*, subd. 5(c) (2024).

Relying on the examiner's report, the district court found that Nyaboga satisfies none of the three criteria. Nyaboga appears to argue that this finding is clearly erroneous and not supported by the record because he can verbalize and communicate.

The record shows that Nyaboga can communicate his desire to refuse neuroleptic medications clearly, orally, and in writing. Additionally, Nyaboga had an understanding of some of the risks of neuroleptic medications. For example, he was concerned about the medications causing kidney problems. However, the record also demonstrates that Nyaboga insisted that he did not need neuroleptic medications because he did not have a mental illness, despite evidence to the contrary.

The court examiner and FMHP medical providers consistently opined that Nyaboga was diagnosed with delusional disorder and lacked the capacity to consent. *See In re Civ. Commitment of Janckila*, 657 N.W.2d 899, 904 (Minn. App. 2003) (noting experts "testified that appellant's entrenched delusional thinking prevented him from considering the effectiveness, appropriateness, and benefits of neuroleptic medication"). On one occasion, when asked if he would be willing to restart Abilify, Nyaboga stated,

> for what, the psychologists are witches, they are not medical providers. The state is making money off of me. There is corruption here. There is corruption to force things on me. I am not sick. They are working underground. They are going back to where it started. You want to sacrifice my body again.

"A patient who denies that he has a mental illness in the face of good evidence to the contrary lacks the capacity to decide rationally about medication." *Froehlich*, 961 N.W.2d at 255 (quotation omitted). The district court found that Nyaboga lacks capacity to make decisions about neuroleptic medications because his choice to refuse neuroleptic medication was not a reasoned decision, but was a symptom of his mental illness. On this record, that finding is not clearly erroneous.

B. The district court's finding that involuntary treatment with neuroleptic medications is reasonable and necessary is supported by the record and not clearly erroneous.

When a patient does not have the capacity to consent to the administration of neuroleptic medications, the district court must consider whether "a reasonable person in the patient's position would consent to the treatment." *Breault*, 942 N.W.2d at 378. The district court must make its decision by "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." Minn. Stat. § 253B.092, subd. 7(a), (c). The district court does not need to make specific findings as to each of the four factors. *Breault*, 942 N.W.2d. at 379. Instead, the district court must "consider the totality of the circumstances, including the four specific factors, and then ultimately find what a reasonable person would do." *Id.*

When determining whether neuroleptic medications are necessary, the district court should "balance the patient's need for treatment against the intrusiveness," considering:

> (1) the extent and duration of changes in behavior patterns and mental activity [a]ffected by the treatment, (2) the risks of adverse side effects, (3) the experimental nature of the treatment, (4) its acceptance by the medical community of this state, (5) the extent of intrusion into the patient's body and the pain connected with the treatment, and (6) the patient's ability

> to competently determine for himself whether the treatment is desirable.

Jarvis, 418 N.W.2d at 144 (quoting *Price v. Sheppard*, 239 N.W.2d 905, 913 (1976)).

When considering reasonableness and necessity, the district court appears to have considered the above factors, finding (1) the use of neuroleptic medications to treat Nyaboga's condition is widely accepted and could render further custody, institutionalization, or other services unnecessary; (2) Nyaboga benefited from the same treatment in the past; (3) Nyaboga experienced no known significant side effects in the past; (4) the medication would be administered orally or by injections, which should cause Nyaboga no greater pain than any other medicine or vaccine; (5) Nyaboga denies he is mentally ill, he is unable to understand the benefits of the medication, and his refusal is based on delusions; and (6) the medication will allow Nyaboga to benefit from therapy and from treatment.

Nyaboga disagrees that neuroleptic medications are reasonable and necessary, arguing that the medical records and expert opinions are false and malicious. This argument is not supported by the record. Nyaboga also seems to argue that medication would not be used to treat his symptoms, but to "enable [him] to move through the FMHP system." He argues, "There is no Medication to make somebody to have [a] good relationship with others or to make one stop complaining and or arguing." These arguments align with some of Nyaboga' s medical records, which indicate he experienced

conflict with others, but also did not experience psychotic symptoms that would warrant neuroleptic medications.[3]

However, the district court appears to have considered these differing opinions, noting "several providers over the past three years disagree on whether or not [Nyaboga] would benefit from restarting antipsychotic medications." The district court weighed the opinions that neuroleptic medications may not be warranted against other evidence in the record suggesting that Nyaboga's symptoms worsened since stopping Abilify in February 2021 and that neuroleptic medications could also be used to treat his delusional and suspicious thinking and aggression towards others.

Overall, the district court found that the neuroleptic medications would benefit Nyaboga and were reasonable and necessary, as his mental illness was preventing him from engaging in treatment. Although another district court may weigh the evidence differently, this court does not reweigh the evidence. *Kenney*, 963 N.W.2d at 217. Therefore, on this record, the district court's findings that involuntary treatment with neuroleptic medications is reasonable and necessary are not clearly erroneous.

Affirmed.

[3] Nyaboga correctly argues that his psychiatrist treated him before June 2024. Although this finding by the district court appears clearly erroneous, we conclude that the error is harmless because the district court did not rely on this date when it made its decision. Minn. R. Civ. P. 61.