

*This opinion is nonprecedential except as provided by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
A26-0570**

In the Matter of the Civil Commitment of: Lamont Cedric Woodley.

**Filed September 8, 2026
Affirmed
Smith, Tracy M., Judge**

Hennepin County District Court
File No. 27-MH-PR-26-73

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Considered and decided by Beane, Presiding Judge; Frisch, Chief Judge; and Smith,
Tracy M., Judge.

NONPRECEDENTIAL OPINION

SMITH, TRACY M., Judge

On appeal from his commitment as a person who poses a risk of harm due to mental illness, appellant Lamont Cedric Woodley argues that (1) the record lacks sufficient evidence to show that his impairment was not solely due to his use of chemicals or chemical dependence and (2) the district court failed to make findings of fact adequately addressing

whether his impairment solely arises from his use of chemicals or chemical dependence.¹
We affirm.

FACTS

On January 18, 2026, emergency medical services (EMS) responded to a 911 call about a fire in Woodley’s apartment. According to EMS, Woodley told them that he accidentally caused a fire in his laundry basket while attempting to test a broken lighter. EMS reported that Woodley “refused to leave the apartment and was not oriented.” EMS transported Woodley to Abbott Northwestern Hospital, where he was admitted.

Notes on Woodley’s clinical presentation indicated the following:

Patient is alert to self, place, and somewhat to situation. Patient thoughts disorganized at times but organized at other times. Patient speaks in metaphors and uses a condescending tone. Patient mumbles to self at times. When asked about [suicidal ideation] patient reports “no but I guess there is no real word for that.” Patient denies [homicidal ideation]. When asked about substance use patient reports “well maybe we don’t have the same experiential metaphors.” Patient answers most clinicians questions with “isn’t that personal information, how is that related to my mental health? Your job is to ask about mental health, no?”

... When asked with whom he lives patient reports “with terrorists.” Patient reports “I guess you could say I live alone

¹ Respondent Hennepin County’s brief contains a third issue arguing that the district court did not err by authorizing the use of neuroleptic medications, but Woodley’s argument on that question appears to be that, should his civil commitment be reversed, the order authorizing the use of neuroleptic medications should also be reversed pursuant to Minnesota Statutes section 253B.092, subdivision 1 (2024) (providing that “[n]euroleptic medications may be administered, only as provided in this section, to patients subject to civil commitment”). Woodley does not make an independent argument that the order authorizing use of neuroleptic medication should be reversed. Accordingly, we do not address this issue separately.

but partly with terror.” Patient then reports the people that rent the apartment to him are terrorists.

Woodley was placed on a 72-hour hold. While hospitalized, Woodley called 911 twice, was found hiding under the desk in his room, defecated in the shower, repeatedly visited the nursing station “rambling in mumbled fashion about various topics,” and repeatedly requested to speak with the hospital administrators. Woodley entered another patient’s room and resisted leaving. He was subsequently placed in seclusion where he was “observed by camera undressing and redressing multiple times and talking out loud.” A urine screen for drugs that was collected on January 20 indicated the presence of methamphetamines and THC.

On January 22, the county filed petitions to commit Woodley as a person who poses a risk of harm due to mental illness and for a *Jarvis*² order to authorize imposition of neuroleptic medications.

Woodley declined to participate in an examination with the court-appointed examiner, Dr. Larsen. Instead, Dr. Larsen relied on the court file and medical records to prepare a report. Dr. Larsen’s report stated:

[Woodley] does not have a known history of mental illness. There is a known history of chemical dependency and [Woodley] was seen in the ED in 2021 for paranoia and disorganization within the context of methamphetamine use. It was also suspected that [Woodley] had some involvement with starting a fire at his transitional housing (past-2021). On 1/18/2026, [Woodley] accidentally started a fire in his apartment He was placed on a transportation hold and brought to the hospital for a psychiatric evaluation. In the

² See *Jarvis v. Levine*, 418 N.W.2d 139, 150 (Minn. 1988) (holding that involuntary administration of neuroleptic drugs requires judicial approval).

hospital, he was declining all medications and required seclusion due to being unable to follow directions and entering another patient's room. He continued to present as disorganized, confused, and was responding to internal stimuli. His drug screen was positive for methamphetamines and THC. The hospital initiated a petition for civil commitment as a person who poses a risk due to mental illness and chemical dependency.

Dr. Larsen's report identified Woodley's "Current DSM-5 diagnosis"³ as follows:

A. Per the medical records:

- Unspecified Psychosis
- Rule Out Substance Induced Psychosis
- Rule Out Psychosis Related to a Medical Condition (i.e., HIV, Syphilis)
- Rule Out Schizoaffective Disorder vs Schizophrenia

B. Per the examiner:

- Defer to treatment physician(s)

Dr. Larsen's report also stated that Woodley suffers from a "substantial psychiatric disorder." The report answered "No" to the question "Is the impairment 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." Dr. Larsen's report noted that Woodley "appears too confused and disorganized to follow through with treatment on a voluntary basis" and "lacks insight into his mental health symptoms." The report concluded that Woodley "meets criteria for civil commitment and appears to require some degree of court oversight in order to fully stabilize and get

³ DSM stands for the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition."

connected with ongoing treatment and supports for his mental illness. He remains a risk to himself and others and unable to care for himself presently.”

At an evidentiary hearing on the county’s petitions, Dr. Larsen and Woodley testified, and Woodley’s hospital records and the *Jarvis* petition were admitted as exhibits. Dr. Larsen testified that she was unable to observe Woodley’s mental status in real time and acknowledged that “the treatment team has already recognized the diagnostic uncertainty” with the multiple rule-out diagnoses. Dr. Larsen also agreed that “methamphetamine is well known to cause paranoia, delusions, and disorganized thinking.” Woodley testified that he had been diagnosed with psychosis at the hospital and that he did not think he needed medications for that diagnosis. He also stated that he “choose[s] to sustain [sic] from drugs and alcohol,” wished to continue to abstain in the future, and was not in need of treatment.

The district court issued an order committing Woodley as a person who poses a risk of harm due to mental illness and authorizing the administration of neuroleptic medication.

Woodley appeals.

DECISION

I. The record contains clear and convincing evidence that Woodley poses a risk of harm due to a mental illness.

In reviewing a civil commitment, appellate courts “are limited to an examination of whether the district court complied with the requirements of the commitment act.” *In re Civ. Commitment of Janckila*, 657 N.W.2d 899, 902 (Minn. App. 2003). “[C]ommitment must be justified by findings based upon evidence at the hearing,” viewing the record in

the light most favorable to the trial court’s decision. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). A finding is clearly erroneous when it is “manifestly contrary to the weight of the evidence or not reasonably supported by the evidence as a whole.” *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221 (Minn. 2021) (quotation omitted). “There must be clear and convincing evidence that a person is mentally ill in order to commit that person.” *Janckila*, 657 N.W.2d at 902; *see also* Minn. Stat. § 253B.09, subd. 1(a) (2024). Appellate courts “review de novo the question of whether the evidence is sufficient to meet the standard of commitment.” *Janckila*, 657 N.W.2d at 902.

Minnesota Statutes section 253B.09, subdivision 1(a), provides:

If 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, or is a person who has a developmental disability or chemical dependency, and after careful consideration of reasonable alternative dispositions . . . , it finds that there is no suitable alternative to judicial commitment, the court shall commit the patient to the least restrictive treatment program

Minnesota Statutes section 253B.02, subdivision 17a(a) (2024), defines a “person who poses a risk of harm due to a mental illness” as

any person who has 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 understand, that is manifested by instances of grossly disturbed behavior or faulty perceptions and who, due to this impairment, poses a substantial likelihood of physical harm to self or others as demonstrated 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.

Minnesota Statutes section 253B.02, subdivision 17a(b) (2024), places a caveat on the definition of a “person who poses a risk of harm due to mental illness,” stating, in relevant part:

A person does not pose a risk of harm due to mental illness under this section if the person’s impairment is solely due to:

. . . .

(3) brief periods of intoxication caused by alcohol, drugs, or other mind-altering substances; or

(4) dependence upon or addiction to any alcohol, drugs, or other mind-altering substances.

Woodley argues that his symptoms were solely the product of a brief period of methamphetamine intoxication or addiction and therefore that, pursuant to section 253B.02, subdivision 17a(b)(3) and (4), he falls outside of the statutory definition of posing a risk of harm due to mental illness. Specifically, Woodley argues that the symptoms he exhibited are “all strongly correlated with methamphetamine-induced psychosis” and that his psychosis is attributable solely to “brief periods of intoxication” caused by

methamphetamine or his “dependence upon or addiction to” methamphetamine and thus cannot support a commitment for mental illness.⁴

As an initial matter, the parties disagree about the meaning of the “rule-out” diagnoses included in Dr. Larsen’s report, which identified the “Current DSM-5” diagnosis as unspecified psychosis, rule-out substance-induced psychosis, rule-out psychosis related to a medical condition, and rule-out schizoaffective disorder versus schizophrenia.

Woodley contends that “[a] rule-out diagnosis indicates that it *is one of the possible causes of symptoms* a provider is attempting to rule out before being able to make a more definite diagnosis.” During the hearing, the county’s counsel stated that “[p]roviders reached the diagnosis of unspecified psychosis and ruled out substance-induced psychosis and ruled out medical-related psychosis.” But, based on Dr. Larsen’s testimony about

⁴ Woodley’s addendum contains an article “Methamphetamine-Associated Psychosis and Criminal Responsibility.” This article was neither presented to nor considered by the district court and therefore is not properly before us. *See Thiele v. Stich*, 425 N.W.2d 580, 582-83 (Minn. 1988) (“An appellate court may not base its decision on matters outside the record on appeal, and may not consider matters not produced and received in evidence below.”). Woodley contends that the article may be considered by this court because it is a “publicly available article,” citing *Fairview Hospital v. St. Paul Fire & Marine Insurance Co.*, 535 N.W.2d 337, 340 n.3 (Minn. 1995) (stating that appellate courts may consider “publicly available articles that were not previously presented to the district court”). *But see In re Block*, 727 N.W.2d 166, 177 (Minn. App. 2007) (striking internet articles from the record). “Appellate courts will make an occasional exception . . . by permitting gaps in the record to be filled by documentary evidence of a conclusive nature in order to sustain verdicts and judgments. But the production of such evidence is never allowed in an appellate court for the purpose of reversing a judgment.” *State v. Anderson*, 733 N.W.2d 128, 139 n.4 (Minn. 2007) (citation and quotation omitted); *see also Hebrink v. Farm Bureau Life Ins. Co.*, 664 N.W.2d 414, 421 (Minn. App. 2003) (declining to admit new evidence on appeal “because the letter is offered for the purpose of reversing the district court”). Because Woodley seeks that the article be admitted to address a contested fact for the purpose of reversing the district court’s orders, it is not properly before us.

“diagnostic uncertainty” and her affirmation that “treatment providers didn’t . . . reach a single definitive diagnosis,” the county’s representation that providers “ruled out” substance-induced psychosis is likely inaccurate. *See also In re Welfare of G.S.G.*, No. A09-0438, 2009 WL 3736134, at *1 n.1 (Minn. App. Nov. 10, 2009) (“A ‘rule out’ diagnosis is made when there are substantial signs that a disorder is present, but the professional needs more information to rule out the existence of the disorder.”) *rev. denied* (Minn. Jan. 19, 2010).⁵

With that background, the question is whether a “diagnosis”⁶ of unspecified psychosis, where substance-induced psychosis is a possibility that has not been ruled out, can provide clear and convincing evidence that a person poses a risk of harm due to mental illness.

We first observe that a finding that a person poses a risk of harm due to mental illness may be supported by the evidence even if a person is also chemically dependent. In *In re Salkin*, we affirmed the district court’s determination that the appellant was mentally ill when expert testimony indicated appellant was suffering from a schizoaffective illness, even though the appellant also had “a problem” with marijuana use. 430 N.W.2d 13, 16 (Minn. App. 1988), *rev. denied* (Minn. Nov. 23, 1988). We held that the evidence and findings were sufficient to support appellant’s commitment as mentally ill despite his co-

⁵ We cite nonprecedential opinions in this opinion for their persuasive value. *See* Minn. R. Civ. App. P. 136.01, subd. 1(c).

⁶ Woodley argues that unspecified psychosis is not technically a “diagnosis” according to the DSM.

existing substance abuse. *Id.* And in *In re Evans*, the appellant argued that “his impairment arose solely from a drug-induced psychosis, making his commitment as mentally ill improper,” but we rejected appellant’s argument because, while there was “some evidence” supporting the appellant’s theory, “other evidence showed that he was mentally ill with paranoid schizophrenia.” No. C5-98-773, 1998 WL 566808, at *2 (Minn. App. Sept. 8, 1998), *rev. denied* (Minn. Oct. 20, 1998). We noted that a “court may order commitment as mentally ill even if [the] person may also be chemically dependent where evidence supports commitment as mentally ill.” *Id.* (citing *Salkin*, 430 N.W.2d at 16). In sum, under *Salkin* and *Evans*, evidence of mental illness not attributable to chemical dependency is required for commitment as a person who poses a risk of harm due to mental illness. But that requirement is consistent with section 253B.02, subdivision 17a(b), which provides that a person does not pose a risk of harm due to mental illness if the impairment is *solely* due to brief periods of intoxication or dependence upon drugs.

Here, the district court made the following findings: “[Woodley] is ill with psychosis, unspecified, which is a substantial psychiatric disorder of thought and perception that grossly impairs judgment, behavior, capacity to recognize reality, and ability to reason or understand”; “[w]hile [Woodley] does not have a documented history of mental illness, the totality of the record shows that he is experiencing acute mental illness”; and “[Woodley] does not have sufficient insight into his mental illness and need for medication when he is outside the hospital.” The district court did not address substance-induced psychosis, cite section 253B.02, subdivision 17a(b), or reference

Woodley's methamphetamine and THC use aside from stating that Woodley tested positive for those substances.

We see no clear error in the district court's findings. This case is similar to *In re Civil Commitment of Salzl*, No. A04-0428, 2004 WL 1925885 (Minn. App. Aug. 31, 2004). In *Salzl*, the appellant argued that "the determination of the district court [was] flawed because it fail[ed] to apply the requisite statutory analysis prior to reaching an opinion regarding both mental illness and chemical dependency." 2004 WL 1925885, at *2 (quotation omitted). The appellant was diagnosed with methamphetamine-induced psychotic disorder and also psychosis disorder not otherwise specified. *Id.* at *3. We upheld the district court's determination that the appellant was mentally ill under the statutory definition, noting that "[t]he record is replete with evidence indicating a substantial psychiatric disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment." *Id.* at *2 (quotation omitted). We pointed to the medical documentation in the record which showed that the appellant had auditory hallucinations, including "hearing voices telling him that people—including officers in the local police department and the FBI—were conspiring against him"; had suicidal ideations; "believed saline that was used in his medical treatment was contaminated with HIV"; and "believed that helicopters were circling his home, that someone was bugging his phone and leather jacket, and that the police intended to plant a methamphetamine lab in his house." *Id.* In affirming, we explained, "The expert here could not affirmatively assert that [the appellant's] condition was caused solely by intoxication instead of 'something that's underneath.' The district court, therefore, did not err in determining that [appellant] was mentally ill under

the statute.” *Id.* at *3. Similarly, here, though Dr. Larsen’s report includes rule out – substance-induced psychosis, indicating a possibility that Woodley’s psychosis was solely attributable to his methamphetamine use, the district court did not make a finding that Woodley’s condition was caused solely by intoxication, and other evidence supported the finding of mental illness.

Similarly, here, Dr. Larsen’s report stated that Woodley has a diagnosis of “Unspecified Psychosis.” And the record is replete with evidence that Woodley suffers from a substantial psychiatric disorder. Woodley experienced “psychosis in the form of auditory hallucinations,” delusions, including “about terrorists, terrorism, and investigating terrorists,” and responses to internal stimuli. Though Dr. Larsen stated that Woodley’s diagnosis had not been confirmed, she also did not conclude that Woodley’s symptoms were solely due to substance use.

Woodley also argues that the district court adopted the county’s explanation that substance-induced psychosis was “ruled out.” But the arguments of counsel are not evidence, *State v. McCoy*, 682 N.W.2d 153, 158 (Minn. 2004), and the district court’s order does not repeat this inaccurate statement.

In sum, the record supports the district court’s determination that Woodley meets the definition of a person who poses a risk of harm due to mental illness.

II. The district court did not err by failing to make specific findings that address whether appellant’s impairment arises from his use of chemicals or addiction.

“Civil commitment and forced administration of neuroleptic medication, although intended to protect and assist those suffering from serious mental illness, represent serious

constraints on an individual's liberty interests.” *In re Civ. Commitment of Lindquist*, No. A17-0676, 2017 WL 3687808, at *3 (Minn. App. Aug. 28, 2017). Reviewing courts “must carefully consider whether the district court has made ‘a good faith attempt to isolate the most important factors’ supporting civil commitment.” *Id.* (quoting *In re Civ. Commitment of Ince*, 847 N.W.2d 13, 23 (Minn. 2014)). Appellate courts “cannot conduct a thorough review when the district court’s findings are conclusory and fail to address the statutory bases for commitment.” *Id.* at *4. The civil-commitment statute provides that the district court must “find the facts specifically, and separately state its conclusions of law” and that, “[w]here commitment is ordered, the 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 (2024).

Woodley argues that, because the district court’s findings did not address the statutory substance-use exclusions outlined in section 253B.02, subdivision 17a(b), its findings are inadequate. He asserts that the district court was required to “identify *what specific facts* led it to conclude—by clear and convincing evidence—that Woodley’s impairment was not solely attributable to methamphetamine use.”

As support for his argument, Woodley cites two nonprecedential cases in which we remanded for further findings. In *In re Commitment of Lynard*, we remanded because the district court’s order essentially repeated facts from the examiner’s report and “fail[ed] to indicate which facts the district court relied on when making its decision.” No. A23-1067, 2023 WL 8889524, at *2 (Minn. App. Dec. 26, 2023). And in *Lindquist*, we remanded because the district court made conclusory findings that did “not address the basis for

commitment set forth in Minn. Stat. § 253B.02, subd. 13(a),” and that “lack[ed] the specificity required under the statute.” 2017 WL 3687808, at *4.

Woodley’s argument assumes that the district court is required to identify specific facts regarding exceptions that it did not find applicable. While the cases he relies on demonstrate that the *bases for commitment* require specific findings, they do not require the district court to identify specific facts for exceptions that it did not find applicable. *See also* Minn. Stat. § 253B.09, subd. 2 (outlining the requirements for findings). Here the district court considered—and implicitly rejected by not making such a finding—Woodley’s argument that his conduct was solely due to his substance abuse. *See Palladium Holdings, LLC v. Zuni Mortg. Loan Trust 2006-OA1*, 775 N.W.2d 168, 177-78 (Minn. App. 2009) (holding that appellate courts assume that the district court implicitly rejected an argument rather than assuming that it erred by not addressing the argument), *rev. denied* (Minn. Jan. 27, 2010). The district court did not err by not making an explicit finding about whether Woodley’s impairment was solely due to substances under section 253B.02, subdivision 17a(b).

Affirmed.