STATE OF MINNESOTA
IN COURT OF APPEALS
A24-2025

In the Matter of the Civil Commitment of:
Jill C. McLarnon, AKA Jill Shelby.

Filed June 2, 2025
Affirmed
Jesson, Judge[*]

Hennepin County District Court
File No. 27-MH-PR-24-1274

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

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Considered and decided by Bond, Presiding Judge; Reyes, Judge; and Jesson, Judge.

NONPRECEDENTIAL OPINION

JESSON, Judge

The district court civilly committed appellant Jill C. McLarnon, AKA Jill Shelby, and authorized her involuntary treatment with neuroleptic drugs after finding that she failed to obtain both medical care and shelter due to mental-health-related impairment. McLarnon challenges the civil commitment order, arguing that the district court's findings of fact and the record do not provide clear and convincing evidence that the statutory

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

criteria for commitment have been met. Alternatively, McLarnon argues that the district court's findings of fact are not sufficiently specific to permit appellate review. Because the district court's findings are sufficient to permit our review and there is clear and convincing evidence that McLarnon has failed to obtain medical care due to her mental-health impairment, we affirm.

FACTS

On November 16, 2024, McLarnon voluntarily sought emergency medical treatment at a Minneapolis healthcare facility. This visit marked McLarnon's seventeenth presentation to an emergency department within two months. Upon admission, providers determined that McLarnon—who had arrived at the emergency department without shoes—was infested with lice and suffering from cellulitis. McLarnon also displayed symptoms of psychosis. She informed medical staff that she believed that she had been intentionally infected with "bubble fish," "cuttlefish," and "silverfish." McLarnon grew increasingly agitated and began yelling paranoid delusions about FBI agents while blocking access to a hospital elevator. Because of this behavior, McLarnon was placed on a 72-hour hold for her own safety.

While on the hold, McLarnon underwent a psychological assessment, during which she reiterated her belief that she had been intentionally infected with various parasites and stated that "she didn't want to get rid of her infestation just yet because she was waiting for law enforcement." Additionally, she repeatedly expressed paranoid beliefs that hospital staff were members of the FBI and involved in a conspiracy. Throughout McLarnon's 72-

hour hold, she refused treatment for lice, psychiatric medication, and other medical services.

McLarnon's symptoms of psychosis led respondent Hennepin County (the county) to petition for her civil commitment as a person who poses a risk of harm due to mental illness. The county also petitioned for authorization to forcibly administer neuroleptic medication[1] as part of McLarnon's treatment.

In December, the district court held a joint commitment and *Jarvis*[2] hearing. At the hearing, the district court heard testimony from a psychiatrist who had consulted on McLarnon's case. The psychiatrist testified that McLarnon needed "inpatient residential mental health treatment," and that she lacked capacity to make decisions regarding her medication. And he explained that McLarnon's mental-health conditions were causing her to refuse lice-related treatment but that she will not be admitted to a psychiatric unit while she has "active lice." The psychiatrist concluded that McLarnon meets the criteria for civil commitment and that commitment is the least-restrictive alternative.

Additionally, the district court took judicial notice of a report prepared and submitted by a psychologist (the examiner) appointed by the court to examine McLarnon. Through this report, the examiner diagnosed McLarnon with "unspecified schizophrenia spectrum and other psychotic disorder" and opined that McLarnon's mental-health

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[1] The terms "neuroleptic," "major tranquilizer," "psychotropic," and "antipsychotic" are interchangeably used to describe a class of drugs that sedate the nervous system. *Jarvis v. Levine*, 418 N.W.2d 139, 140 n.1 (Minn. 1988).

[2] *Jarvis*, 418 N.W.2d at 144-49 (holding that pretreatment judicial review is required prior to the forcible administration of neuroleptic medication).

condition was leading her to decline medical treatment. The examiner concluded that the statutory criteria for civil commitment were satisfied and that commitment was the least restrictive alternative for McLarnon's care.

Finally, the district court heard testimony from McLarnon herself. McLarnon acknowledged that she was declining some medical treatments offered to her but testified that she had requested a "couple of treatments [or] remedies" during her current admission. McLarnon also testified that, five years ago, she "suddenly became homeless" and that she is "not sure" where she would go if released from the hospital.

Following the hearing, the district court filed separate orders (1) civilly committing McLarnon as a person who poses a risk of harm due to mental illness and (2) authorizing the use of neuroleptic medication in her treatment.[3]

McLarnon appeals.

DECISION

A district court may order the civil commitment of an individual if it "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 . . . 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 this impairment, "pose[] a

[3] The district court's civil-commitment and neuroleptic-medication orders were originally filed on December 6, 2024. On December 13, the court amended both orders to correct a clerical error. No substantive changes were made.

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 may be demonstrated by "a failure to obtain necessary food, clothing, shelter, or medical care as a result of the impairment." *Id.*, subd. 17a(a)(1).

When reviewing a district court's civil-commitment order, we are limited to examining whether the district court complied with the commitment statute and whether the district court's findings of fact support its conclusions of law. *In re Knops*, 536 N.W.2d 616, 620 (Minn. 1995). In doing so, we view the record "in the light most favorable" to the district court's decision and will not disturb its factual findings absent clear error. *Id.*; *see In re Civ. Commitment of Ince*, 847 N.W.2d 13, 22 (Minn. 2014). But whether the district court's findings of fact and the record provide clear and convincing evidence that the commitment statute's requirements were met is a question of law, which we review de novo. *In re Linehan*, 518 N.W.2d 609, 613 (Minn. 1994); *In re Civ. Commitment of Martin*, 661 N.W.2d 632, 638 (Minn. App. 2003), *rev. denied* (Minn. Aug. 5, 2003).

Here, McLarnon challenges the order civilly committing her,[4] arguing that the district court's conclusions of law are not sustained by its findings of fact and the evidence in the record. In the alternative, she argues that the district court's findings are not sufficiently specific to permit appellate review. Although framed as an alternative

[4] McLarnon does not challenge the neuroleptic-medication order. However, the reversal of the order committing McLarnon would render the medication order inapplicable. *See* Minn. Stat. § 253B.092, subd. 1 (2024) (stating that "[n]euroleptic medications may be administered, only as provided in this section, to *patients subject to civil commitment*" (emphasis added)).

argument, we first address McLarnon's contention that the district court's order is insufficient to allow our review.

I. The district court's findings of fact are sufficiently specific to permit appellate review.

For a civil-commitment order to "permit meaningful appellate review," it must "identify the facts that the district court has determined to be true and the facts on which the district court's decision is based." *In re Civ. Commitment of Spicer*, 853 N.W.2d 803, 811 (Minn. App. 2014); *see* Minn. Stat. § 253B.09, subd. 2(a) (2024) (stating that a district court's findings should "specifically state the proposed patient's conduct which is a basis for determining that each of the requisites for commitment is met"). In *Spicer*, this court laid out three ways in which a district court may fail to satisfy this obligation: (1) if the "vast majority" of the court's findings are not "truly findings of fact because they are merely recitations of the evidence presented at trial"; (2) if the findings are stated in a "conclusory manner," such as "adopting *in toto* the opinions of a particular expert"; and (3) if the court's findings are not "meaningfully tied to its conclusions of law." *Id.* at 810-11.

McLarnon argues that the district court's findings of fact do not permit meaningful appellate review because they are "generally conclusory," "simply adopt[] the conclusion of the examiner," and "fail to address the statutory bases for civil commitment." We are not persuaded.

While the district court here described testimonial and report-based evidence in its findings, the court also made true findings of fact and rendered credibility determinations based upon its holistic review of the entire record. In doing so, the court found that McLarnon "is ill with Unspecified Schizophrenia Spectrum and Other Psychotic Disorder, which is a substantial psychiatric disorder of her thought, mood, and perception." (Footnote omitted.) And the court explained that it was "concerned about records indicating that [McLarnon] has lice and is refusing treatment and assistance for her condition," and found that the examiner had "persuasively opine[d]" that McLarnon had also been declining several other appropriate medical services. The district court then determined that McLarnon's mental-health symptoms "have impacted her ability to obtain appropriate medical care." These factual findings are adequately tied to the district court's conclusion of law that McLarnon is a person who poses a risk of harm due to mental illness.

McLarnon also contends that her case is "factually similar" to two nonprecedential decisions issued by this court in which the district court's factual findings were determined to be insufficient under *Spicer*: *In re Civ. Commitment of Lynard*, No. A23-1067, 2023 WL 8889524, at *1-3 (Minn. App. Dec. 26, 2023), and *In re Civ. Commitment of Lindquist*, No. A17-0675, 2017 WL 3687808, at *3-4 (Minn. App. Aug. 17, 2017).[5] We disagree.

In *Lynard*, the district court adopted an order drafted by the county petitioning for Lynard's civil commitment. 2023 WL 8889524, at *2. The county-drafted order failed to identify the facts on which the district court's decision was based. *Id.* And in *Lindquist*,

[5] Nonprecedential opinions are not binding authority but may have persuasive value. Minn. R. Civ. App. P. 136.01, subd. 1(c).

the district court made use of a form order with minimal additional findings. 2017 WL 3687808, at *4. In contrast, the district court here autonomously drafted its commitment order and included factual findings that directly pertain to the statutory criteria for determining whether an individual poses a risk of harm due to mental illness. We reject McLarnon's suggestion that *Lynard* and *Lindquist* should guide our analysis.

Because the district court assessed the credibility of witnesses and made findings of fact tied to its conclusions of law, we conclude that its findings are sufficient to permit meaningful appellate review.

II. The district court's findings of fact and the record provide clear and convincing evidence that McLarnon meets the statutory criteria for commitment.

As stated above, a district court may civilly commit an individual as "a person who poses a risk of harm due to mental illness" if they (1) experience a "substantial psychiatric disorder of thought, mood, perception, orientation, or memory," and (2) pose a "substantial likelihood of physical harm to self or others." Minn. Stat. § 253B.02, subd. 17a(a). "[A] failure to obtain necessary food, clothing, shelter, or medical care" as a result of one's mental-health impairment demonstrates a substantial likelihood of physical harm. *Id.*, subd. 17a(a)(1).

Here, the district court concluded that the record establishes by clear and convincing evidence that McLarnon "is a person who poses a risk of harm due to a mental illness" and that, because of her mental-health impairment, she "poses a substantial likelihood of physical harm to self or others." Specifically, the district court determined that McLarnon "fail[ed] to provide herself with necessary shelter and medical care due to her delusions."

In reaching this conclusion, this district court made several findings of fact, including that McLarnon (1) is "ill with Unspecified Schizophrenia Spectrum and Other Psychotic Disorder," which causes her to "engage[] in grossly disturbed behavior or experience[] faulty perceptions"; (2) requires "1 to 1 observation"; (3) has "lice and is refusing treatment and assistance for her condition"; (4) has been "fixated" on being treated for fictional infestations of "silver fish," "cuttle fish," and "red dot"; and (5) has "been declining appropriate treatment for significant lesions, including cellulitis, . . . CT scans, [and] lab draws" due to her impairment.

Our careful review of the record supports the district court's findings. McLarnon has repeatedly declined medical care as a result of her paranoid delusions.[6] She has declined showers and lice medication in an effort to preserve "evidence to press charges" against the people who infected her. And McLarnon has consistently refused psychiatric medication and other routine medical assessments. Accordingly, we discern no error in the district court's conclusion that the statutory criteria for commitment were met.

McLarnon tries to persuade us otherwise by arguing that, although she has declined treatment for lice due to "delusional thinking," doing so fails to satisfy the statutory risk-of-harm criteria because it is possible that an individual could refuse lice treatment without

[6] McLarnon suggests that the record is not "definitive" as to whether she refused medical treatment. In doing so, she cites to psychiatrist testimony that she consented to some medical treatment, including "some labs," some imaging, and the administration of antibiotics. But the psychiatrist also testified that McLarnon declined treatment for lice, and the record is replete with instances of treatment refusal. Because appellate courts do not "reconcile conflicting evidence," we see no clear error in the district court's factual findings. *In re Civ. Commitment of Kenney*, 963 N.W.2d 214, 221-22 (Minn. 2021) (quotation omitted).

incurring a "substantial likelihood of physical harm to self or others." *See* Minn. Stat. § 253B.02, subd. 17a(a). We are unconvinced for two reasons.

First, the civil-commitment statute provides that "a failure to obtain necessary . . . medical care as a result of the impairment"—itself—demonstrates that an individual "poses a substantial likelihood of physical harm to self or others." *Id.*, subd. 17a(a)(1); *see also In re McGaughey*, 536 N.W.2d 621, 623 (Minn. 1995) (stating that an "overt failure to obtain necessary . . . medical care" satisfies the statutory commitment criteria). The statute does not hinge on the satisfaction of this criterion on the *specific type* of necessary medical care an individual fails to obtain; it only requires that the rejected medical care be "necessary." *See* Minn. Stat. § 253B.02, subd. 17a(a)(1).

Second, the record reflects that McLarnon's failure to treat her lice was causing her physical harm. McLarnon's lice infestation has resulted in cellulitis and skin lesions across her body. The testifying psychiatrist explained that having "active lice" prevented McLarnon from receiving the critical mental-health treatment that she required because psychiatric units and residential-mental-health programs will not admit a patient with an ongoing infestation. And, finally, treatment for lice was not the only medical care that McLarnon refused; she also refused psychiatric medication and other routine assessments.

In sum, the district court's findings of fact and the evidence in the record provide clear and convincing evidence that McLarnon suffers from a substantial psychiatric disorder and, as a result, has failed to obtain necessary medical care. Accordingly, the

district court did not err when it concluded that the statutory criteria for civil commitment were satisfied.[7]

Affirmed.

[7] In her brief to this court, McLarnon also challenges the district court's conclusion that she failed to provide herself with necessary shelter due to her mental-health impairment. We decline to reach this issue because we conclude that the statutory criteria are met based upon McLarnon's failure to obtain medical care. *See* Minn. Stat. § 253B.02, subd. 17a(a)(1) (stating that a "substantial likelihood of physical harm to self or others" may be demonstrated by "a failure to obtain necessary food, clothing, shelter, *or* medical care as a result of impairment" (emphasis added)); *Back v. State*, 902 N.W.2d 23, 32 (Minn. 2017) (providing that the when the disjunctive "or" is used, the legislature's objective is to require only one of the multiple grounds listed).