In the
Court of Appeals
Second Appellate District of Texas
at Fort Worth

No. 02-20-00150-CV

IN THE MATTER OF J.R.

On Appeal from the County Court
Wichita County, Texas
Trial Court No. CC-MH2020-0723

Before Sudderth, C.J.; Birdwell and Bassel, JJ.
Memorandum Opinion by Justice Bassel

MEMORANDUM OPINION

I. Introduction

In this accelerated appeal, Appellant J.R. challenges the sufficiency of the evidence to support the court-ordered administration of psychoactive medication to him.[1] *See generally* Tex. Health & Safety Code Ann. § 574.106. In a single issue, Appellant attacks both the legal and factual sufficiency of the evidence supporting the order. Appellant's argument breaks down into two parts. First, he argues that the statute establishing the criteria for an order authorizing psychoactive medication requires proof that the patient has refused to take medication. We reject this argument because the statute does not require such proof.

Second, Appellant argues that because he demonstrated a willingness to take the medication that he was prescribed and an understanding that he had a mental illness requiring medication, there was no showing that he lacked the capacity to make his own decisions regarding the administration of those medication; thus, no order was required to compel him to do that which he acknowledged he needed to do. We reject this argument because Appellant's professions of compliance and understanding were undermined by his prior behavior and were challenged by an expert's opinion that Appellant did not yet have the capacity to make medication decisions for himself.

---

[1]Appellant also appealed the trial court's "Judgment Granting Temporary Inpatient Mental Health Commitment," but we dismissed the appeal based on Appellant's "Unopposed Motion to Dismiss Appeal." *See In re J.R.*, No. 02-20-00149-CV, 2020 WL 3865268, at *1 (Tex. App.—Fort Worth July 9, 2020, no pet. h.) (mem. op.).

Accordingly, we affirm the trial court's order authorizing the administration of psychoactive medication.[2]

II. Factual and Procedural Background

The underlying matter commenced by the filing of an application for an order to administer psychoactive medication to Appellant. The application stated that Appellant had a diagnosis of schizophrenia and suffered from "[d]elusions, [h]allucinations, [d]isorganized and illogical thought process[es], poor insight and [judgment], irritable/labile mood and agitation." The application sought to administer the following classes of drugs to Appellant: (1) antidepressants; (2) antipsychotics; (3) anxiolytics/sedatives/hypnotics; and (4) mood stabilizers. The trial court conducted an evidentiary hearing on the application at which a physician and Appellant testified.

The parties stipulated to the physician's qualifications as an expert witness in psychiatry. The physician stated that she had seen Appellant many times and that this was the third occasion where she had appeared in court in a matter involving him. She diagnosed Appellant as suffering from schizophrenia and described how the illness manifested in Appellant:

---

[2]The State represents that Appellant has been discharged and released from inpatient commitment. That fact does not moot this appeal. A party has the right to test a medication order in an effort to remove the stigma that the order carries. *In re J.C.*, 582 S.W.3d 497, 499, n.1 (Tex. App.—Waco 2018, no pet.) (citing *State v. K.E.W.* (*K.E.W. II*), 315 S.W.3d 16, 20 (Tex. 2010)—that reversed *K.E.W. v. State* (*K.E.W. I*), 276 S.W.3d 686 (Tex. App.—Houston [1st Dist.] 2008), and *State v. Lodge*, 608 S.W.2d 910, 912 (Tex. 1980)).

> In his specific case, he has delusions of grandiosity and paranoia. He -- he believed that he had a special assignment with the FBI and that in doing that assignment, that he was injured and that a lizard bit him. So he has been here for a while. He has responded well to his medication[], but there's still some more work to do and -- I kept on talking -- and the treatment team is looking for an appropriate placement for him.

The course of treatment proposed for Appellant was to continue psychopharmacological treatment as well as cognitive-behavior and social-engagement therapies. The physician requested that Appellant be ordered to take medication in the classes of antipsychotics, mood stabilizers, antidepressants, and anxiolytics and hypnotics. When asked whether Appellant had refused to take those classes of medication, the physician answered that Appellant had taken them solely because "he has a court order," but "[t]hat's why we want to court order him again."

The physician stated that the drugs' side effects had been explained to Appellant "ad nauseam." Though Appellant appeared to understand how the medication worked, the physician thought that Appellant did not believe that he needed them. Appellant, according to the physician, denied that he had a mental illness that requires treatment, with that denial being a continuing theme throughout his life that has resulted in many hospital admissions. If Appellant stopped taking medication, the physician believed that Appellant's "paranoia and his psychosis will increase" and that "he will become a danger to [him]self and others." While taking the medication in the hospital, Appellant had not "done anything to harm himself there or harm others." The physician thought that Appellant was close to discharge

but that when he was discharged, he would need to be placed in an environment that would administer his psychoactive medication and ensure that he would go to his appointments.

On cross-examination, the physician described the status of Appellant's mental health when he was admitted to the state hospital and throughout his stay as follows:

> At that time[,] he was very psychotic. He continued to be very psychotic. He's slowly, in very small increments, improved[,] and the team has seen some positive improvements in the last week and a half so that we have hope that he -- he will continue to improve so we can put him in a place that they -- they can manage his whole treatment and (inaudible) situation so he doesn't decompensate like he used to do in the past.

The physician acknowledged that a reason she sought a new medication order was that she was "afraid that because [Appellant's] insight is poor and his judgment is poor, . . . once we . . . don't have the court-ordered medication[] [i.e., after the current order expires], he will revert to refusing medication[,] and probably after missing a few doses, he will decompensate and become very psychotic and manic again."

In response to a question about whether Appellant's agreeing to take his medication willingly after he transitioned out of the state hospital would be a big step, the physician again responded that she would recommend obtaining an outpatient commitment for Appellant that would force him to continue treatment and take his medication.

On redirect examination, the physician noted that Appellant had begun receiving his medication in liquid form after he had been caught "cheeking" his

medication that were in pill form. She described the "cheeking" process as Appellant's "keeping [the medication] in his mouth and then throwing it away."

Appellant then testified. He stated that he was ready for discharge and that he had a family support system that he could rely on after his discharge. Appellant offered an assessment of his illness's cause and its present state:

> In 2017, I had my thyroid removed[,] . . . which causes hypothyroidism. Hypothyroidism is known to cause depression. That on top of my bipolar disorder caused me to be wanky for a while. Then[,] I mistakenly went off my thyroid medicine at the end of 2019[,] and that made things even worse. So now that I've had my thyroid medicine completely straight for the past 85 days and then also 35 days prior to that at the previous facility I was at, my depression has lifted. My mood has stabilized. I'm no longer hearing voices. Now I'm ready to function in the community.

Appellant disputed that he had refused to take his medication or had ever placed it in his cheeks to avoid taking it. He stated that he was willing to take his medication. He acknowledged the importance of taking medication and stated, "If you don't take your medicine, then you won't be able to function." He stated that he took medication for his thyroid disorder and had never refused to take medication in liquid form. But when asked how long it had been since he had refused to take medication, Appellant stated,

> When it was first court ordered, there was a question to whether or not that was the way that I was going to proceed with medication. That's when I refused it. After they showed me the court order -- it took them three days to provide it -- I easily took the medicine after then following the judge's signature.

Appellant also stated that he was willing to do outpatient therapy.

On cross-examination, Appellant described his thyroid issue and reiterated that he knew to take his thyroid medication so that he would not become depressed. He also stated that he knew that he needed to take other medication in addition to his thyroid medication.

The trial court then asked the physician a series of questions. The physician stated that Appellant's treatment team was looking for an appropriate placement because Appellant's family had informed the team that they would not provide shelter for him. The team sought a placement that would ensure that Appellant took his medication and went to his appointments. When the trial court asked whether he would have to void the medication order if Appellant were discharged, the physician stated that she would seek an outpatient commitment for Appellant to stay on his medication and go to treatment.

The trial court next asked whether, if a medication order were not granted, an additional forty-five days of commitment would give the physician the ability to determine whether Appellant would follow the medication order. The physician responded that she had seen improvement in Appellant "because at the beginning he used to deny that he ha[d] any mental illness; he only had [hypo]thyroidism." However, the physician noted the following concern:

> [H]e is still fixed on that, that it's the thyroid, and he thinks the thyroid causes Bipolar Disorder, but the Bipolar Disorder was there before the thyroid problem. The thyroid problem was a physical problem that showed up later[,] and it worsens your Bipolar Disorder . . . if you're not compliant.

The physician concluded that Appellant needed additional days of treatment "to develop more insight and [that] hopefully he will be able to eventually go on his own on medication after the -- if the outpatient commitment doesn't happen or when it finishes."

The trial court gave notice of its determination and subsequently entered an order that contained the following:

> At the hearing the court relied on the following evidence in making its determination:
>
> 1. the patient's expressed preferences regarding treatment with the psychoactive medication;
>
> 2. the patient's religious beliefs;
>
> 3. the risks and benefits, from the perspective of the patient, of taking the psychoactive medication;
>
> 4. the consequences to the patient if the psychoactive medication is not administered;
>
> 5. the prognosis for the patient if the patient is treated with the psychoactive medication;
>
> 6. alternative, less intrusive treatments that are likely to produce the same results as treatment with psychoactive medication; and
>
> 7. less intrusive treatments likely to secure the patient's agreement to take the psychoactive medication.
>
> The court, after considering all of the evidence, finds by clear and convincing evidence that the patient lacks the capacity to make a decision regarding the administration of the proposed medication and treatment with the proposed medication is in the best interest of the patient.

> It is, therefore, ordered that the Texas Department of State Health Services is authorized to administer to the patient, regardless of the patient's refusal, of one or more classes of psychoactive medication[] specified in the application and listed below and are consistent with the patient's diagnosis. It is further ordered that TDSHS is permitted to increase or decrease the medication's dosage, restitution of medication authorized but discontinued during the period the order is valid, or the substitution of a medication within the same class.

III. Standard of Review

Clear and convincing evidence must support an order authorizing the administration of psychoactive medication. *Id.* § 574.106(a–1). When evaluating the legal sufficiency of the evidence under this standard, we determine whether the evidence is such that a factfinder could reasonably form a "firm belief or conviction as to the truth of the allegations sought to be established." *K.E.W. II*, 315 S.W.3d at 20 (quoting *State v. Addington*, 588 S.W.2d 569, 570 (Tex. 1979)). We examine all evidence in the light most favorable to the finding, including every reasonable inference in favor of those findings, and assume that the factfinder resolved any disputed facts in favor of its finding, so long as a reasonable factfinder could do so. *See In re J.F.C.*, 96 S.W.3d 256, 266 (Tex. 2002).

Likewise, the higher burden of proof alters the appellate standard of review for factual sufficiency. *In re C.H.*, 89 S.W.3d 17, 25–26 (Tex. 2002). In reviewing the evidence for factual sufficiency under the clear-and-convincing standard, we inquire "whether the evidence is such that a factfinder could reasonably form a firm belief or conviction about the truth of the State's allegations." *Id.* at 25. We consider whether

disputed evidence is such that a reasonable factfinder could not have resolved that disputed evidence in favor of its finding. *J.F.C.*, 96 S.W.3d at 266; *K.E.W. v. State* (*K.E.W. III*), 333 S.W.3d 850, 855 (Tex. App.—Houston [1st Dist.] 2010, no pet.). In so doing, we must give "due consideration to evidence that the factfinder could reasonably have found to be clear and convincing." *J.F.C.*, 96 S.W.3d at 266. We examine the entire record to determine whether "the disputed evidence that a reasonable factfinder could not have credited in favor of the finding is so significant that a factfinder could not reasonably have formed a firm belief or conviction"; if it is, the evidence is factually insufficient. *Id.*; *K.E.W. III*, 333 S.W.3d at 855.

But even under the heightened scrutiny required by the clear-and-convincing standard, "the court of appeals must nevertheless still provide due deference to the decisions of the factfinder, who, having full opportunity to observe witness testimony first-hand, is the sole arbiter when assessing the credibility and demeanor of witnesses." *In re A.B.*, 437 S.W.3d 498, 503 (Tex. 2014).

IV. Relevant Statutory Provisions Governing an Order Authorizing the Administration of Psychoactive Medication

Section 574.106(a–1) of the Texas Health and Safety Code governs a hearing and order authorizing the administration of psychoactive medication. Tex. Health & Safety Code Ann. § 574.106(a–1). The provisions of the statute relevant to this appeal are as follows:

> (a) The court may issue an order authorizing the administration of one or more classes of psychoactive medication to a patient who:

> (1) is under a court order to receive inpatient mental health services . . . .
>
> . . . .

(a–1) The court may issue an order under this section only if the court finds by clear and convincing evidence after the hearing:

> (1) that the patient lacks the capacity to make a decision regarding the administration of the proposed medication and treatment with the proposed medication is in the best interest of the patient . . . .
>
> . . . .

(b) In making the finding that treatment with the proposed medication is in the best interest of the patient, the court shall consider:

> (1) the patient's expressed preferences regarding treatment with psychoactive medication;
>
> (2) the patient's religious beliefs;
>
> (3) the risks and benefits, from the perspective of the patient, of taking psychoactive medication;
>
> (4) the consequences to the patient if the psychoactive medication is not administered;
>
> (5) the prognosis for the patient if the patient is treated with psychoactive medication;
>
> (6) alternative, less intrusive treatments that are likely to produce the same results as treatment with psychoactive medication; and
>
> (7) less intrusive treatments likely to secure the patient's agreement to take the psychoactive medication.

Id. § 574.106(a)(1), (a–1)(1), (b).

The term "capacity" as used in Section 574.106(a–1) has the following statutory definition:

> (1) "Capacity" means a patient's ability to:
>
> > (A) understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment; and
> >
> > (B) make a decision whether to undergo the proposed treatment.

Id. § 574.101(1).

V. Appellant's Arguments and Our Analysis of Those Arguments

Appellant premises his argument challenging the sufficiency of the evidence on the legal proposition that even he eventually acknowledges is unfounded—proof of refusal to take medication is a precondition to entry of an order authorizing psychoactive medication. The governing statute, however, does not contain this element of proof.

Then, Appellant argues that the evidence does not support the order because there was no need for an order because he had been "compliant" in taking his medication and understood that his mental illness required medication. Appellant further argues that to uphold the trial court's order creates the potential for a parade of horribles where the State may obtain a new medication order solely on the basis that the State had previously obtained such an order and without any proof that the patient's present capacity warrants a new order. These arguments fail because they take Appellant's professions of compliance at face value and ignore the evidence

before the trial court that created a legitimate concern about Appellant's capacity to make the decision that he professes he had.

A. Section 574.106 does not require proof that a patient has refused to take medication.

Appellant weaves an argument premised on the language of certain sections in Subchapter G of the Texas Mental Health Code that mentions a patient's refusal to take medication but is not contained in the statutory provision setting out the criteria for the entry of a medication order. *See id.* § 574.103(b)(2) (stating that medication may not be administered to a patient "who refuses to take the medication voluntarily unless . . . the patient is under an order issued under Section 574.106 authorizing the administration of the medication regardless of the patient's refusal"), § 574.104(a)(4) (stating that a physician may file an application authorizing the administration of medication if "the patient, verbally or by other indication, refuses to take the medication voluntarily"). Appellant also suggests that Section 574.106 (the provision dealing with a hearing and order authorizing medication) and Section 574.101 (defining "capacity") "also imply that *refusal* to take the medication[] must be present."

Appellant then offers an argument that we do not fully understand and which appears self-contradictory:

> *Refusal* to take prescribed medication[] is [the] cornerstone of every Court Order to administer psychoactive medication[] against a patient's will. If refusal to take medication[] is not required, then every patient subject to a temporary commitment would be subject to a court-ordered medication[] Order, upon request by a physician. Further, refusal is directly implied by Section 574.106[,] which requires that a patient's

> "expressed preferences regarding treatment with psychoactive medication" be considered. **Although a patient's refusal to take medication is not a prerequisite to a trial court's order authorizing psychoactive medication**, a patient's refusal is [a] required . . . part of the Application, sworn to in this case. [Bold emphasis added.]

The language of the statutes that Appellant cites and the prior opinions of this court bear out the italicized statement in the quote—that a patient's refusal is not a prerequisite to a medication order; they also rebut Appellant's seemingly contradictory suggestion that either the text of statutes other than Section 574.106 or the text of that statute itself requires proof of a patient's refusal before a medication order may be imposed. This court has held that Section 574.104's authorization for a physician to file an application if the patient has refused to take medication voluntarily does not export a requirement to show a refusal to take medication into Section 574.106's requirements of the proof necessary to obtain a medication order:

> A patient's refusal to take medication is not a prerequisite to a trial court's order authorizing psychoactive medication; a patient's refusal only is part of the application. *Cf. In re P.R.G.*, No. 02-12-00375-CV, 2012 WL 5439015, at *3, [*]6 (Tex. App.—Fort Worth Nov. 8, 2012, no pet.) (mem. op.) (holding evidence sufficient to find lack of capacity under section 574.106(a–1)(1) even though patient "very polite and compliant at times"). *Compare* Tex. Health & Safety Code Ann. § 574.104(a) (listing requirements for physician application for order to authorize psychoactive medication), *with id.* § 574.106(a–1) (authorizing trial court to enter order authorizing psychoactive medication if patient lacks capacity or presents a danger to himself or others).

In re A.S.K., No. 02-13-00129-CV, 2013 WL 3771348, at *3 (Tex. App.—Fort Worth July 18, 2013, no pet.) (mem. op.).

A later opinion of this court stated the proposition a bit differently but relied on *A.S.K.* to hold that a patient's consent to taking medication does not foreclose a medication order:

> M.T.'s first argument implies that his voluntary consent to take the court-ordered mood stabilizer somehow voids the medication order in whole or in part. A patient's refusal to take medication is not a required finding that must be included in the trial court's order authorizing psychoactive medication. *See* Tex. Health & Safety Code Ann. § 574.106(a–1) (authorizing trial court to enter order authorizing psychoactive medication if patient lacks capacity or presents a danger to himself or others); . . . *A.S.K.*, . . . 2013 WL 3771348, at *3 . . .; *cf. State ex rel. R.P.*, No. 08-13-00180-CV, 2014 WL 2447470, at *7 (Tex. App.—El Paso May 30, 2014, no pet.) ("Evidence that Appellant is voluntarily taking his medication in the hospital setting does not demonstrate that he has the ability to make a rational and informed decision whether or not to submit to treatment [under section 574.034(a)(2)(C)(iii)]").

In re M.T., Nos. 02-17-00011-CV, 02-17-00012-CV, 2017 WL 1018596, at *8 (Tex. App.—Fort Worth Mar. 16, 2017, no pet.) (per curiam) (mem. op.) (footnote omitted).[3]

Thus, we reject Appellant's argument suggesting that an order under Section 574.106 requires proof of the patient's refusal to take the medication.

[3]Appellant's argument—that Section 574.103 suggests that a patient's refusal is a prerequisite to an order—has no validity either. That section provides that a patient may not be involuntarily medicated unless there is an order authorizing the medication, but it says nothing about the proof required to obtain such an order. Tex. Health & Safety Code Ann. § 574.103(b)(2).

B. Appellant's challenges directed to the state of the record fail because they are based on a one-sided portrayal of the record and ignore the inference that the trial court could have drawn from that record—that Appellant lacked the capacity to make medication decisions at the time the order was entered.

Next, Appellant turns from a legal argument to one that appears to be a two-pronged evidentiary challenge to the determination that he lacked the capacity to make his own medication decisions.[4] Appellant complains that the evidence was legally and factually insufficient to support the order because he had allegedly indicated a willingness to take his medication and he had demonstrated the capacity to make proper medication decisions without the need for compulsion.

First, he argues that there was no need to compel him to take his medication because (1) he had done so for months, (2) the physician's sole motive in seeking a new medication order was her fear that Appellant "would revert if he knew that he did not have an [o]rder in place" when the current order expired, and (3) he seemed to accept taking his medication in liquid form.

---

[4]Neither attack focuses on whether "the proposed medication is in the best interest of the patient" as required by Section 574.106(a–1). Tex. Health & Safety Code Ann. § 574.106(a–1). The only statement that Appellant makes directed at one of the best-interest factors listed in Section 574.106(b) is a passing refence that Appellant's acceptance of the medication in liquid form apparently indicates that the trial court failed to give adequate consideration to whether "*less intrusive treatments [were] likely to secure [his] agreement to take the psychoactive medication*" as required by Section 574.106(b)(7). *See id.* § 574.106(b)(7). This brief mention of one of the best-interest factors is not couched as an attack on the trial court's overall finding that treatment with the proposed medication is in Appellant's best interest. *See id.* § 574.106(b). To the contrary, Appellant appears to concede that taking the medication is in his best interest.

Next, Appellant contends that he has the capacity to make medication decisions. This argument also turns mostly on Appellant's professions, which in this instance took the form of an acknowledgment that he had a mental illness and needed medication to treat that illness. Appellant argues that he demonstrated a capacity to make his own decisions because he apparently understood that if no order was in place, he could refuse the medication. Appellant's argument concludes by raising the specter that the trial court acted contrary to the law by entering a new medication order simply because an existing order was expiring and "with no new evidence whatsoever that the patient was refusing to take his medication[]." To allow an order to stand in these circumstances apparently makes a mockery of the process because medication orders are only of limited duration.

Appellant's arguments fail because they rely on a slanted view of the record. A full review of the record shows that the trial court was not bound to accept his premise that no additional medication order was necessary because of his compliance and his professed willingness to take medication in liquid form. Nor do we follow the argument that Appellant had the capacity to make his own medication decisions simply because he understood that, without an order in place, he could refuse the medication when there was proof that if freed from the compulsion of an order he lacked the capacity to make a reasonable decision regarding whether he needed the medication.

The record also demonstrates that the physician had a justified concern that if another medication order were not entered, Appellant would refuse to take his medication—no matter his present professions of compliance or his history of compliance. She based this concern on Appellant's poor judgment and insight as well as Appellant's tendency to explain away his psychological illness as a result of his thyroid condition and his belief that treating the thyroid condition would treat his schizophrenia. Appellant's own testimony validated these concerns.

Indeed, Appellant testified that he had refused to take his medication without first being presented with a court order. Though he professed willingness to take psychoactive medication, he also attributed his improved mental state to the treatment he had received for his thyroid condition. Further, the physician testified that Appellant had "cheeked" his medication in an effort to avoid taking it. Appellant denied this conduct. But the trial court had the duty of deciding whose testimony was more credible on the question of whether Appellant had cheeked the medication.

It was also the trial court's province to decide (1) whether a lack of candor by Appellant about that behavior warranted a concern that it might be repeated and (2) whether Appellant's profession of his willingness to comply demonstrated a capacity to make the appropriate medication decisions.

Nor are we persuaded by Appellant's premise that he had the capacity to make medication decisions because of his professions that he knew that he had a mental illness that required treatment and that he understood he was not under a compulsion

to take his medication if no order was in place. The behavior we outlined in the preceding paragraph made Appellant's professions suspect. Further, the statutory definition of capacity requires the patient to have the "ability to[] (A) understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment; and (B) make a decision whether to undergo the proposed treatment." Tex. Health & Safety Code Ann. § 574.101(1); *see also State ex rel. T.M.*, No. 12-19-00160-CV, 2019 WL 4462675, at *2 (Tex. App.—Tyler Sept. 18, 2019, no pet.) (mem. op.) ("A patient does not have the capacity to make a decision regarding the administration of medication[] if the patient does not understand the nature of his mental illness or the necessity of the medication[]."). Simply because Appellant knew he had the right to forgo medication when not under an order compelling him to take it does not translate into having the capacity to make the decision with an understanding of the considerations specified in the definition. As outlined, the record contained evidence that supported an inference that Appellant could not make medication decisions with the necessary understanding.

We have previously held that a patient's professed willingness to comply is not a bar to the entry of a medication order when there are valid concerns that the profession is not sincere and there are credible concerns about whether the patient truly has the capacity to make medication decisions. *See A.S.K.*, 2013 WL 3771348, at *3 (noting that treating physician testified that "she was concerned that if the specter of a court order were removed, Appellant would stop taking the medication[]" and

"that he [had] refused to take the medication[] for the first thirteen days of his hospitalization and only became compliant when he was informed of the application filed with the court"). Here, the trial court had to weigh the credibility of Appellant's professions that he had the capacity to make his own medication decisions against the evidence of his behaviors, the concerns those behaviors created, and expert opinions that he did not yet have that capacity. Viewing the evidence in the light most favorable to the trial court's finding, we hold that the trial court could have reasonably formed a firm belief or conviction that "the patient lacks the capacity to make a decision regarding the administration of the proposed medication." *See* Tex. Health & Safety Code Ann. § 574.106(a–1)(1). We therefore hold that the evidence is legally and factually sufficient to support the trial court's decision.

VI. Conclusion

Having disposed of Appellant's argument that rejection of psychoactive medication is an element of proof required by Section 574.106 and having rejected Appellant's argument that a finding that he lacked the capacity to make medication decisions is not supported by legally and factually sufficient evidence, we overrule his sole issue. Thus, we affirm the trial court's order authorizing the administration of psychoactive medication.

/s/ Dabney Bassel

Dabney Bassel
Justice

Delivered: August 13, 2020