MEMORANDUM DECISION
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IN THE COURT OF APPEALS OF INDIANA

In the Matter of the Commitment of L.S.,

Appellant-Respondent,

v.

State of Indiana,

Appellee-Petitioner.

January 24, 2024

Court of Appeals Case No. 23A-MH-1616

Appeal from the Tippecanoe Circuit Court

The Honorable Sean M. Persin, Judge

Trial Court Cause No. 79C01-2203-MH-164

Memorandum Decision by Judge Kenworthy
Chief Judge Altice and Judge Weissmann concur.

Kenworthy, Judge.

Case Summary

[1] L.S. appeals the continuation of his regular involuntary commitment, raising one issue for our review: Was there sufficient evidence to support the trial court's order continuing his involuntary commitment? Concluding the evidence was sufficient, we affirm.

Facts and Procedural History

[2] On March 28, 2022, Franciscan Health, Lafayette, filed an application for the emergency detention of L.S. According to the application, L.S. suffered from a psychiatric disorder and was a danger to himself or others because of paranoia, aggression, and suicidal thoughts. During a commitment hearing, L.S.' attending physician at River Bend Hospital in Lafayette, Dr. Ayodeji Ogunleye, reported L.S. has schizoaffective disorder and substance abuse disorder. L.S.' conditions caused him to have "significant and psychotic symptoms [of] delusions [and] paranoia." *Tr. Vol. 1* at 6.[1] According to Dr. Ogunleye, L.S.' symptoms, paired with his reluctance to voluntarily take prescribed medication, resulted in L.S. being "a danger to himself and others." *Id.* at 5. Dr. Ogunleye explained L.S. had been hospitalized at least three times the year before and upon discharge he "does well for a while" but relapses and "does not follow

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[1] The transcript contains numerous spelling and grammatical errors. We have corrected such errors when quoting from the transcript for purposes of clarity.

with outpatient and services consistently." *Id.* at 6. In Dr. Ogunleye's opinion, voluntary treatment was not an option for L.S. because of his "impaired judgment and reasoning." *Appellant's App. Vol. 2* at 19. At the end of the hearing, the trial court granted the petition for regular commitment.

[3] Multiple times over the next several months, River Bend Hospital discharged L.S. from inpatient care and transferred him to Valley Oaks Health for outpatient care. Early in January 2023, Valley Oaks Health notified the trial court L.S. had tested positive for THC, methamphetamines, and amphetamines. The same day, Valley Oaks Health also recommended L.S. be placed at Madison State Hospital ("Madison") "due to his ongoing inability to manage in the community." *Id.* at 35. The trial court amended the regular commitment order without a hearing and ordered L.S. to be placed at Madison. L.S. was transferred to Madison about two weeks later.

[4] A few months after L.S.' transfer, Dr. Vincent Porter, L.S.' attending physician at Madison, filed a periodic report with the trial court. In his report, Dr. Porter expressed L.S. had "more than 6 acute inpatient hospitalizations, with incarcerations in-between, over the past 6 months," and described that L.S. often presented as "delusional, agitated, uncooperative, medication nonadherent and occasionally voiced suicidal ideation." *Id.* at 39–40. L.S. was also homeless, unable to care for himself, not taking his medications, and "trading his food and clothing for drugs." *Id.* at 40. Dr. Porter considered L.S.

gravely disabled and recommended the trial court extend his commitment. The trial court extended L.S.' commitment.

[5] On May 17, 2023, L.S. filed a letter with the trial court in which he "simply request[ed] to be released." *Id.* at 43. At the hearing on L.S.' request, L.S. testified he had finished substance abuse training and no longer had substance abuse problems. He also explained his medication "wrecks [his] body every morning to just get up and take another dose." *Tr. Vol. 1* at 16.

[6] Dr. Porter also testified at the termination hearing. He explained that then 41-year-old L.S. had a "long history" of schizophrenia—at least 17 years. *Id.* at 18. Additionally, Dr. Porter shared L.S. still struggled with "severe" substance dependence and often could not be located to be given his medication. *Id.* Dr. Porter explained L.S. had been "very vocal" that he was "not going to take his medicines" and would "continue using street drugs." *Id.* Put simply, Dr. Porter thought L.S. was progressing but not yet ready for release. The trial court denied L.S.' request for release.

Sufficient Evidence Supports the Continuation of L.S.' Involuntary Commitment

[7] L.S. contends insufficient evidence supports the continuation of his regular involuntary commitment because he is neither mentally ill nor dangerous or gravely disabled. When reviewing such a claim, we will affirm a trial court's determination if, "considering only the probative evidence and the reasonable

inferences supporting it, without weighing evidence or assessing witness credibility, a reasonable trier of fact could find [the necessary elements] proven by clear and convincing evidence." *Civ. Commitment of T.K. v. Dep't of Veterans Affairs*, 27 N.E.3d 271, 273 (Ind. 2015) (quoting *Bud Wolf Chevrolet, Inc. v. Robertson*, 519 N.E.2d 135, 137 (Ind. 1988)). Clear and convincing evidence requires the existence of a fact to be "highly probable." *Civ. Commitment of A.O. v. Cmty. Health Network, Inc.*, 206 N.E.3d 1191, 1193 (Ind. Ct. App. 2023).

[8] To properly commit L.S., the State was required to show—by clear and convincing evidence—L.S. was (1) mentally ill; (2) *either* dangerous *or* gravely disabled; and (3) his commitment was appropriate. Ind. Code § 12-26-2-5(e) (emphasis added).

A. Sufficient Evidence L.S. is Mentally Ill

[9] L.S. first challenges the trial court's finding that he is mentally ill. For purposes of involuntary commitment, "mental illness" is defined as a "psychiatric disorder" that "substantially disturbs an individual's thinking, feeling, or behavior" and "impairs the individual's ability to function." I.C. § 12-7-2-130(1).

[10] L.S. suffers from schizophrenia, schizoaffective disorder, and substance abuse disorder. Each of these conditions on their own would qualify as a mental

illness under Indiana Code Section 12-7-2-130(1).[2] Dr. Ogunleye's and Dr. Porter's testimonies confirmed L.S.' conditions cause delusions and paranoia which impair his judgment and reasoning. Accordingly, the State presented sufficient evidence L.S. is a person with mental illness.

B. Sufficient Evidence L.S. is Gravely Disabled

[11] Next, L.S. claims the evidence is insufficient to support the trial court's finding that he is "gravely disabled."[3] L.S. is "gravely disabled" if, due to his mental illness, he is in danger of coming to harm because he "(1) is unable to provide for [his] food, clothing, shelter, or other essential human needs" *or* because he "(2) has a substantial impairment or an obvious deterioration of [his] judgment, reasoning, or behavior that results in [his] inability to function independently." I.C. § 12-7-2-96.[4]

[12] The State presented sufficient evidence showing L.S. has "a substantial impairment or an obvious deterioration of [his] judgment," *i.e.*, schizophrenia,

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[2] In part, L.S. contends there was insufficient evidence to prove he is a person with mental illness because the evidence is "very thin" and "blended in together with methamphetamine usage." *Appellant's Br.* at 13. In this respect, however, L.S. misses the mark. Addiction to dangerous drugs is specifically included within the statutory definition of "mental illness." *See* I.C. § 12-7-2-130(1). Put differently, L.S.' abuse of methamphetamine alone could constitute a mental illness.

[3] The State need only have proven L.S. was either dangerous or gravely disabled; it was not required to prove both elements to carry its burden of proof. *See Commitment of A.O.*, 206 N.E.3d at 1193. Here, the trial court did not find L.S. was dangerous—instead concluding he was "gravely disabled."

[4] Because the statutory definition of "gravely disabled" is written in the disjunctive, the State was only required to prove L.S. was gravely disabled under one of the two prongs. *See* I.C. § 12-7-2-96.

schizoaffective disorder, and substance abuse disorder, which poses a danger of L.S. coming to harm because it impairs his "ability to function independently." I.C. § 12-7-2-96(2). Dr. Porter testified that, around the time of L.S.' latest hearing, L.S. often presented as "delusional, agitated, uncooperative, medication nonadherent, and occasionally voiced suicidal ideation" due to his conditions. *Appellant's App. Vol. 2* at 40. Additionally, there were several examples of poor judgment, reasoning, and behavior that affected L.S.' ability to function independently, such as trading his food and clothing for drugs. L.S. displayed a lack of insight regarding his condition and consistently resisted taking his prescribed medication. L.S.' assertions to the contrary are invitations to reweigh evidence; a task we will not undertake. *See Commitment of T.K.*, 27 N.E.3d at 273. The State presented sufficient evidence from which a reasonable trier of fact could find, by clear and convincing evidence, L.S. was gravely disabled.

C. Sufficient Evidence Commitment Was Appropriate

[13] Lastly, L.S. contends the State presented insufficient evidence that his continued commitment was appropriate, as required by Indiana Code Section 12-26-2-5(e)(2). Dr. Ogunleye testified about L.S.' relapses following his handful of releases to outpatient care. One instance included L.S. testing positive for methamphetamines, amphetamines, and THC. Further, Dr. Porter explained L.S. was "very vocal" regarding his refusal to take his prescribed

medication and expressed he planned to continue to use illicit substances. *Tr. Vol. 1* at 18. L.S.' assertion that he is "entitled to live in his community as a free man[,]" *Appellant's Br.* at 17, is merely an invitation to reweigh evidence, which we must decline, *see Commitment of T.K.*, 27 N.E.3d at 273. The State presented sufficient evidence L.S.' continued commitment was appropriate.

Conclusion

[14] Sufficient evidence supports the trial court's order continuing L.S.' involuntary commitment. We affirm.

[15] Affirmed.

Altice, C.J., and Weissmann, J., concur.