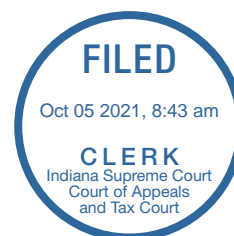


## MEMORANDUM DECISION

Pursuant to Ind. Appellate Rule 65(D), this Memorandum Decision shall not be regarded as precedent or cited before any court except for the purpose of establishing the defense of res judicata, collateral estoppel, or the law of the case.



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## IN THE COURT OF APPEALS OF INDIANA

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In the Matter of the Civil  
Commitment of K.M.,  
*Appellant-Respondent,*

v.

Community Health Network,  
Inc.,  
*Appellee-Petitioner.*

October 5, 2021

Court of Appeals Case No.  
21A-MH-311

Appeal from the Marion Superior  
Court

The Honorable Steven R.  
Eichholtz, Judge

The Honorable Melanie L.  
Kendrick, Special Judge

Trial Court Cause No.  
49D08-2101-MH-535

**Najam, Judge.**

## Statement of the Case

- [1] K.M. appeals the trial court’s order of regular commitment committing him to the custody of Community Health Network, Inc. (“Community Hospital”) for care and treatment. K.M. presents a single issue for our review, namely, whether Community Hospital presented sufficient evidence to prove that he was gravely disabled.
- [2] We affirm.

## Facts and Procedural History

- [3] K.M. suffers from schizoaffective disorder, bipolar type. Between January 2014 and May 2019, K.M. had psychotic episodes and was hospitalized under temporary commitments. In late 2020, K.M. was homeless. When the weather turned cold, his parents permitted him to live, temporarily, in their RV parked on property they owned near their house in Noblesville.
- [4] On January 3, 2021, K.M.’s father, A.M., asked K.M. to let him inside the RV so that he could check the condition of it. K.M., who was wearing a wolf mask, refused A.M. entry and threatened A.M. At some point, police officers arrived, but K.M. “ran into the woods” to avoid them. Tr. at 25. Officers were ultimately able to apprehend K.M., and they took him to Community Hospital, where he was admitted to the crisis unit. The next day, A.M. inspected the RV and found that it was “trashed.” *Id.* at 15. Specifically, there were “bags of trash everywhere,” including twelve bags of trash in the bathtub, and K.M. had been using a bucket for a toilet. *Id.*

[5] On January 7, Community Hospital filed with the trial court an application for emergency detention of K.M. A hearing on that application was delayed by multiple continuances filed by K.M., and it was finally held on February 4 before a special judge. At the hearing, the court heard testimony from A.M., Dr. Syed Hasan, and K.M. Dr. Hasan testified, at length, regarding K.M.'s diagnosis and the impact of his mental illness on his life. In particular, Dr. Hasan testified that K.M. has no insight into his mental illness, has a deep distrust of doctors, and refuses to take medication without supervision. Dr. Hasan also testified that because of his mental illness, K.M. is not able to provide himself with food, clothing, or shelter.

[6] At the conclusion of the hearing, the trial court found that K.M.

is suffering from schizoaffective disorder and is currently gravely disabled and that there is a substantial impairment in judgment that is affecting his ability to function. The court will find that through the testimony today as well as the previous temporary commitment that the least restrictive option at this point is a regular commitment. And the court will grant one as such to Community Health Network.

*Id.* at 50. This appeal ensued.

## **Discussion and Decision**

[7] K.M. appeals the trial court's order granting Community Hospital's petition for a regular commitment. In a regular involuntary commitment proceeding, the petitioner may seek to have an individual hospitalized for more than ninety days. Ind. Code § 12-26-7-1 (2021). To obtain such a commitment, the

petitioner must prove by clear and convincing evidence that (1) the individual is mentally ill and either dangerous or gravely disabled; and (2) detention or commitment of that individual is appropriate. I.C. § 12-26-2-5(e). When reviewing the sufficiency of the evidence supporting an involuntary civil commitment, we will affirm if, after considering the probative evidence and reasonable inferences supporting the decision, a reasonable trier of fact could have found the necessary elements proven by clear and convincing evidence. *P.B. v. Evansville State Hosp. (In re Commitment of P.B.)*, 90 N.E.3d 1199, 1202 (Ind. Ct. App. 2017). We will not reweigh evidence or judge witness credibility. *Id.*

[8] K.M.'s sole contention on appeal is that Community Hospital did not prove by clear and convincing evidence that he was gravely disabled. "Gravely disabled" is defined as

a condition in which an individual, as a result of mental illness, is in danger of coming to harm because the individual:

(1) is unable to provide for that individual's food, clothing, shelter, or other essential human needs; or

(2) has a substantial impairment or an obvious deterioration of that individual's judgment, reasoning, or behavior that results in the individual's inability to function independently.

I.C. § 12-7-2-96.

[9] K.M. asserts that the evidence shows that he is able to feed and clothe himself and provide himself shelter and that he is able to function independently.<sup>1</sup> In particular, K.M. directs us to his testimony that, upon his discharge, he planned to live at a mission in Anderson, that he earned money from selling items online, and that he ate regularly while at Community Hospital. K.M. also maintains that, “[a]lthough [he] may not be functioning optimally or ideally,” he is able to function independently. Appellant’s Br. at 11. But K.M.’s contentions amount to a request that we reweigh the evidence, which we cannot do.

[10] Community Hospital presented ample evidence that, at the time of the hearing, K.M. was mentally ill and, as a result, was unable to provide for himself shelter, food, or necessary medical treatment. Immediately prior to his commitment on January 4, 2021, K.M. was living in his parents’ RV, which he had “trashed,” and he was using a bucket for a toilet. Tr. at 15. Dr. Hasan testified that the condition of the RV reflected K.M.’s inability to provide himself with his essential needs or a safe place to live.

[11] Dr. Hasan testified further that K.M. does not consider himself to have any mental illness other than ADHD, and that that lack of insight into his chronic mental illness prevents him from seeking treatment or taking medication as

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<sup>1</sup> We disagree with K.M.’s assertion that the court may have specifically found only that he is unable to function independently. The court’s written order makes clear that it found K.M. to be gravely disabled, without any specific finding on either of the two prongs in the statute, and the court’s statements in open court at the end of the hearing are inconclusive.

needed. Dr. Hasan stated that K.M. “refuses to really cooperate with anything that has been asked of him.” *Id.* at 27. Dr. Hasan described K.M. as paranoid and disorganized, and K.M.’s own testimony supported that assessment. We hold that Community Hospital proved by clear and convincing evidence that K.M. was gravely disabled at the time of the hearing. The trial court did not err when it granted the regular commitment order.

[12] Affirmed.

Riley, J., and Brown, J., concur.