MEMORANDUM DECISION

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IN THE

Court of Appeals of Indiana

In the Matter of the Civil Commitment of J.A.,

Appellant-Respondent

v.

Sandra Eskenazi Mental Health Center,

Appellee-Petitioner

September 18, 2026

Court of Appeals Case No.
26A-MH-606

Appeal from the Marion Superior Court

The Honorable Robert W. Freese, Senior Judge

Trial Court Cause No.
49D08-2510-MH-51661

Memorandum Decision by Judge Bailey
Judges Bradford and Altice concur.

Bailey, Judge.

Case Summary

[1] J.A. brings this expedited appeal challenging his involuntary commitment to Sandra Eskenazi Mental Health Center ("Eskenazi"). J.A. raises two issues for our review, one of which we find dispositive: whether the evidence was sufficient to support his commitment. Finding that it was not, we reverse.

Facts and Procedural History

[2] J.A. suffers from schizophrenia, and he has been a patient at Eskenazi since 2021. J.A. was hospitalized because of his schizophrenia from October 21 to 27, 2025. J.A. was then readmitted on October 30. On November 20, following a commitment hearing, the court found that J.A. was mentally ill and gravely disabled and entered an order of temporary commitment. J.A. was discharged from inpatient care on November 25.

[3] J.A. reported to his treating physician, Dr. Ashley Overley, that he "hears voices in his mind[.]" Tr. Vol. 2 at 7. In addition, during his meetings with Dr. Overley, J.A. would "strike odd poses" that "are in response to things that he's hearing" or look at the floor, "shift[] his body," "clench[] his fist" or "grimace[e] his face . . . out of the blue." *Id.*

[4] On January 28, 2026, Eskenazi filed a request to extend J.A.'s commitment to a regular commitment to exceed ninety days. The court held a hearing on Eskenazi's motion on February 17. During the hearing, Dr. Overley testified

that there are "five diagnostic criteria" for schizophrenia and that J.A. "demonstrates all of these different symptoms[.]" *Id*. at 7. She further testified that medication compliance is "very important" to reduce the risk of hospitalization and mortality. *Id*. She also testified that, when she spoke with J.A. about his medication, J.A. responded that "he does not believe that he has schizophrenia" and that he plans to stop his medication "once the commitment is over." *Id*. at 8. Dr. Overley additionally testified that J.A. "does not demonstrate any insight into his condition" and that, since his most recent release, he has missed eleven appointments while only keeping nine. *Id.* at 8. Dr. Overley testified that J.A.'s stated reasons for missing the appointments were that he had "slept in," that his "phone was off," or that he either "didn't know" he had an appointment or "didn't think" that he needed to attend. *Id*. at 11. And Dr. Overley testified that it has "been extremely difficult to create a plan" with J.A. *Id*.

[5] Dr. Overley then testified that she "would like to continue the injectable medication [J.A.] is taking" and that she would "like to see him in the clinic for therapy and supportive services at least once a week as well." *Id*. at 12. When asked why Dr. Overley requested a regular commitment requiring treatment in excess of ninety days, she responded that "schizophrenia is a chronic lifelong illness that we do not have a cure for and so we expect that he will continue to need chronic treatment." *Id*. at 13. She also testified that she will "need to continue to monitor [J.A.'s] medications and make sure that it is at an optimal level to control his symptoms[.]" *Id*. Dr. Overley testified that J.A. still exhibits

symptoms "despite being on high levels of injectable medication[.]" *Id*. And she testified that his history of medication compliance was "very inconsistent" and that he had not "consistently adhered to medication." *Id*. at 16. She also testified that a symptom of schizophrenia is "cognitive impairment," which includes "limited executive functioning," issues with short- and long-term memory, and "low levels of motivation." *Id*. at 12.

[6] On cross-examination, Dr. Overley testified that, while J.A. had missed an injection appointment the day prior to the hearing, he had "gotten his shots[.]" *Id*. at 15. And she acknowledged that, since his most recent release, "there have been no new hospitalizations[.]" *Id*. at 17. Following the hearing, the court issued its order of regular commitment, finding that J.A. suffered from schizophrenia, was dangerous to himself, and was gravely disabled. This appeal ensued.

Discussion and Decision

[7] J.A. appeals his involuntary commitment. As our Supreme Court has recently stated:

> Appellate courts will affirm a civil commitment "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.'" *Commitment of T.K.*, 27 N.E.3d [271,] 273 [(Ind. 2015)] (quoting *Bud Wolf Chevrolet, Inc. v. Robertson*, 519 N.E.2d 135, 137 (Ind. 1988)). Probative evidence is that which "tends to prove or disprove a point in issue." *Galloway v. State*, 938 N.E.2d 699, 711

(Ind. 2010) (quoting Black's Law Dictionary 639 (9th ed. 2009)). And "[i]n order to be clear and convincing, the existence of a fact must be highly probable." C*ommitment of B.J. v. Eskenazi Hosp./Midtown CMHC*, 67 N.E.3d 1034, 1038 (Ind. Ct. App. 2016).

A.D. v. Cmty. Fairbanks Behav. Health, 274 N.E.3d 463, 464 (Ind. 2026) (quoting *J.W. v. Cmty. Fairbanks Behav. Health*, 260 N.E.3d 946, 951 (Ind. 2025) (alterations original to *A.D.*)).

[8] In order to support J.A.'s commitment, Eskenazi was required to prove by clear and convincing evidence that he is mentally ill and either dangerous or gravely disabled and that his commitment is appropriate. Ind. Code § 12-26-2-5(e). On appeal, J.A. acknowledges that he has schizophrenia. However, he contends that Eskenazi failed to show that he was either dangerous or gravely disabled. We address each prong in turn.[1]

[9] Dangerous, for the purpose of Indiana Code Article 12-26, "means a condition in which an individual as a result of mental illness, presents a substantial risk that the individual will harm the individual or others." I.C. § 12-7-2-53 (2025).[2] However, we agree with J.A. that "Eskenazi presented *no* evidence, let alone

[1] Eskenazi does not address the "dangerous" prong but argues only that J.A. is gravely disabled. *See* Appellee's Br. at 14. In any event, because the court found that J.A. is both dangerous and gravely disabled, we address both prongs.

[2] Indiana Code Section 12-7-2-53 was repealed effective July 1, 2026, and the definition of "dangerous" was recodified to Indiana Code Section 12-7-2.1-109.

clear and convincing evidence, [that he] presented a substantial risk of harming himself or others." Appellant's Br. at 15.

[10] Dr. Overley was the only witness who testified at the hearing on Eskenazi's motion. And she focused much of her testimony on J.A.'s diagnosis, his missed appointments, his prior issues with medication management, and his symptoms. But she did not provide any testimony at all to demonstrate that J.A. was a danger to himself or others. For instance, when she described J.A.'s symptoms, Dr. Overley testified that J.A. "hears voices in his mind" which caused him to "strike odd poses," look at the floor, shift his body, clench his fist, or grimace. Tr. Vol. 2 at 7. But those symptoms do not demonstrate any sort of danger to himself or others. Further, while Dr. Overley testified that J.A. does not believe he has schizophrenia and indicated his intent to no longer comply with his medication if the commitment were terminated, she again did not provide any testimony to demonstrate that his failure to take his medication would cause harm to himself or others. And we acknowledge that Dr. Overley briefly testified that medication management was important to reduce the risk of mortality, but she again failed to provide any specific details as to how refusing his medication would be dangerous. Based on the lack of evidence, the trial court erred when it determined that J.A. was dangerous.

[11] We also agree with J.A. that Eskenazi did not present clear and convincing evidence that he is gravely disabled. Gravely disabled means

> 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.[3]

[12] As outlined above, Dr. Overley was the only witness who presented testimony, and she testified that J.A. has schizophrenia, that he missed appointments, and that he had a history of failing to comply with medications. She also testified that J.A. told her that he would stop taking medications if the commitment were to end and that it was extremely difficult to develop a treatment plan with him. And she testified that J.A. continued to exhibit symptoms despite being on a high dose of the injectable medication.

[13] However, none of the evidence shows that J.A. is unable to provide for himself or that he has a substantial impairment to his judgment that results in his inability to function independently. Eskenazi presented no evidence to show that J.A. cannot provide his own meals, clothing, or shelter. And contrary to Eskenazi's assertions, the evidence shows that, since he was released from inpatient care, J.A. had only missed one appointment for his injectable

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[3] That statute was also repealed effective July 1, 2026, and recodified to Indiana Code Section 12-7-2.1-170. The new code citation now includes a subsection (3) to include a lack of shelter as a reason a person may be gravely disabled.

medication the day prior to the hearing and that he had not again been hospitalized.

[14] We acknowledge that J.A. disputed that he has schizophrenia. However, the "denial of illness and refusal to medicate, standing alone, are insufficient to establish grave disability because they do not establish, by clear and convincing evidence, that such behavior 'results in the individual's inability to function independently.'" *Commitment of T.K.*, 27 N.E.3d at 276 (quoting I.C. § 12-7-2-96(2)).

[15] The evidence presented at trial does not clearly and convincingly support the proposition that J.A. is gravely disabled. Again, there was no evidence that J.A. had any physical outbursts, that he destroyed any property, that he put himself or anyone else in danger with his behaviors, or that he was at risk of suffering from a lack of food, clothing, or shelter. *See id*. at 277. The evidence that he engaged in certain idiosyncratic behaviors—such as striking poses, shifting his body, clenching his fists, or grimacing—and may refuse medication is not sufficient to show that he is gravely disabled.

Conclusion

[16] Eskenazi did not present clear and convincing evidence to show that J.A. is either dangerous or gravely disabled. As a result, we hold that the civil commitment was improper and hereby reverse it.[4]

[17] Reversed.

Bradford, J., and Altice, J., concur.

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[4] Because we reverse J.A.'s civil commitment, we need not address his argument that a regular commitment was inappropriate.