

MEMORANDUM DECISION

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IN THE COURT OF APPEALS OF INDIANA

In the Matter of the Civil
Commitment of A.N.,
Appellant-Respondent,

v.

Community Health Network,
Inc.,
Appellee-Petitioner.

November 8, 2023

Court of Appeals Case No.
23A-MH-1658

Appeal from the Marion Superior
Court

The Honorable David J. Certo,
Judge

The Honorable Melanie L.
Kenrick, Magistrate

Trial Court Cause No.
49D08-2302-MH-7703

Memorandum Decision by Judge Brown
Judges Vaidik and Bradford concur.

Brown, Judge.

- [1] A.N. appeals her involuntary civil commitment and claims it was not supported by sufficient evidence. Community Health Network, Inc. (“CHN”) asserts this case is moot and requests we dismiss it. Without addressing the mootness issue, we decide this case on the merits and affirm.

Facts and Procedural History

- [2] On February 23, 2023, Hannah Spiegel, a Behavioral Health Intake Coordinator and Triage Clinician, filed an Application for Emergency Detention alleging A.N. was suffering from a psychiatric disorder, was gravely disabled, and was dangerous to herself and others. A.N. was admitted to CHN on March 23, 2023. In a Physician’s Statement dated March 28, 2023, Dr. Syed Hasan indicated that A.N. was suffering from a psychiatric disorder, specifically schizoaffective disorder, bipolar type, was gravely disabled, and exhibited paranoia and poor insight into her illness and need for treatment. On March 30, 2023, following a hearing, the trial court issued an order of temporary commitment finding by clear and convincing evidence that A.N. was suffering from schizoaffective disorder, was gravely disabled, and was in need of custody, care, and treatment at CHN for a period of time not expected to exceed ninety days.¹

¹ A.N. did not appeal the March 30, 2023 order.

[3] On June 1, 2023, Dr. Gabriel Martinez filed a Report Requesting Extension of Temporary Commitment, and he stated in his Physician’s Statement: that A.N. was suffering from a psychiatric disorder, lacked the ability to care for herself, has poor judgment, decision-making, and insight, and was not an appropriate person for voluntary treatment because of her lack of insight and previous attempts which led to decompensation; that he had minimal confidence she would continue to receive treatment without a court commitment; and that in his opinion the type of commitment that would be sufficient to achieve improvement of her condition was a temporary commitment.

[4] On June 21, 2023, the court held a hearing at which it heard testimony from Dr. Martinez, A.N., and A.N.’s mother. That day, the court issued an Order of Extension of Temporary Commitment finding that A.N. was suffering from a psychiatric disorder, she was gravely disabled, and she was in need of custody, care, and treatment “at Gallahue Mental Health Center for a period of time not expected to exceed ninety (90) days.” Appellant’s Appendix Volume II at 13.

Discussion

[5] A.N. argues the trial court’s finding that she was gravely disabled is not supported by clear and convincing evidence. In Indiana, an individual who is alleged to be mentally ill and either dangerous or gravely disabled may be committed to a facility for not more than ninety days under Ind. Code Chapter 12-26-6. The petitioner is required to prove by clear and convincing evidence that the individual is mentally ill and either dangerous or gravely disabled and detention or commitment of that individual is appropriate. Ind. Code § 12-26-

2-5(e). The clear and convincing evidence standard is an intermediate standard of proof greater than a preponderance of the evidence and less than proof beyond a reasonable doubt. *See T.D. v. Eskenazi Health Midtown Cmty. Mental Health Ctr.*, 40 N.E.3d 507, 510 (Ind. Ct. App. 2015). We consider only the evidence favorable to the judgment and all reasonable inferences drawn therefrom and do not reweigh the evidence or judge the credibility of witnesses. *Id.* “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 is unable to provide for that individual’s food, clothing, shelter, or other essential human needs; or 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. Ind. Code § 12-7-2-96.

[6] The record reveals that A.N. was diagnosed with schizoaffective disorder, bipolar type. Dr. Martinez testified that A.N. exhibited a pattern of delusional thinking which included paranoia and grandiose type delusions. He stated that disorganized speech is a characteristic symptom of the illness which was reflected in A.N.’s text messages. He stated he noticed symptoms of poor attention to hygiene, elevated irritability, rapid changes in mood, and depression. He indicated A.N.’s lack of insight led to missed appointments. He stated that A.N. had expressed a desire to move to oral medication, which was attempted but ultimately over the course of months led to rehospitalization.

[7] Dr. Martinez testified that A.N. initially displayed fairly severe delusions which were “at the forefront of the conversation” and that, after treatment, there was

an improvement in her delusional speaking. Transcript Volume II at 25. He indicated that, when A.N. was not treated appropriately, she suffered a substantial impairment or obvious deterioration in judgment, reasoning, or behavior which interfered with her ability to function independently and testified as to concerns with A.N.'s ability to provide food for herself and attend to her hygiene. He further testified that A.N. could not be relied upon to take her medication regularly. Dr. Martinez testified "six months to a year is really what I look at for . . . following hospitalization to try to return an individual back to previous level functioning," and "so, that additional 90 days will provide us to that six-month timeframe, and hoping to just continue the . . . work that we've done so far." *Id.* at 27-28. He stated A.N. had historically done well on the injectable medication she received every four weeks. He testified that, since she began the injectable medication, her delusions are less at the forefront of conversation, she follows a linear train of thought, and she attends better to hygiene. He indicated he observed gradual improvement since her commitment. The court also heard testimony from A.N.'s mother regarding A.N. "going off . . . her injectable medicine," how she lost visitation with her children and was unable to drive, and that "her house was unbelievable as far as living conditions." *Id.* at 6-7. When asked about A.N.'s behaviors in the prior month, she testified that A.N. did not take care of herself or shower and sent her text messages which did not make sense. The court heard A.N.'s testimony regarding her illness, the effects of her medication, her hygiene, and her Social Security benefits. Based upon the record, we conclude that clear and convincing evidence supports the trial court's determination that

A.N. was gravely disabled for the purpose of extending her temporary commitment.

[8] For the foregoing reasons, we affirm the trial court's June 21, 2023 Order of Extension of Temporary Commitment.

[9] Affirmed.

Vaidik, J., and Bradford, J., concur.