[Cite as *In re N.E.*, 2026-Ohio-3721.]

IN THE COURT OF APPEALS OF OHIO

SEVENTH APPELLATE DISTRICT
MAHONING COUNTY

IN RE,

N.E., A MENTALLY

INCOMPETENT PERSON.

OPINION AND JUDGMENT ENTRY
Case No. 26 MA 0004

Civil Appeal from the
Court of Common Pleas, Probate Division
of Mahoning County, Ohio
Case No. 2025-MI-0058

BEFORE:
Carol Ann Robb, Mark A. Hanni, Katelyn Dickey, Judges.

JUDGMENT:
Affirmed.

Atty. Diane L. Chermely, for Appellant and

Atty. Samuel G. Amendolara, *Atty. Rhys B. Cartwright-Jones,* for Appellee.

Dated: September 9, 2026

Robb, J.

{¶1} Respondent-Appellant N.E. appeals the decision of the Mahoning County Common Pleas Court, Probate Division imposing outpatient civil commitment after finding she was a "person with a mental illness subject to court order" as defined in R.C. 5122.01(B)(4). Appellant contends this subdivision does not permit outpatient commitment (only hospitalization). Emphasizing she did not require hospitalization on the day of the hearing, she then argues the court erred in finding there was evidence of a grave and imminent risk to the substantial rights of herself or others as required under this subdivision. For the following reasons, the probate court's judgment is affirmed.

STATEMENT OF THE CASE

{¶2} On July 30, 2025, a licensed professional clinical counselor from Mahoning County Community Support Network filed an affidavit of mental illness with regard to Appellant on the form provided in R.C. 5122.111. The affiant checked boxes corresponding to R.C. 5122.01(B)(4) and (B)(5), the latter of which expressly prohibits hospitalization. In setting forth probable cause, the affidavit disclosed Appellant's schizoaffective (bipolar type) diagnosis, long history of hospitalizations, noncompliance with treatment in the absence of court involvement, and rapid decompensation. The affiant attested Appellant was only taking half of the prescribed Lithium and was refusing her Haldol injection while making declarations caused by internal stimuli and grandiose delusions, including a declaration that she was in spiritual warfare rather than mentally ill or hearing voices.

{¶3} The court appointed an attorney for Appellant and ordered an independent mental health evaluation by a doctor of psychology. Apparently, both the affiant and the psychologist testified at the hearing before the magistrate. Apt.Br. 2. However, the hearing was not recorded after a record was waived. *See* R.C. 5122.15(A)(14).

{¶4} On August 15, 2025, the magistrate imposed outpatient civil commitment. Applying (B)(4) of R.C. 5122.01, the magistrate found "clear and convincing evidence to believe [Appellant] was a person who is mentally ill and subject to court order as [she] would benefit from treatment for mental illness and is in need of such treatment as

manifested by evidence of behavior that creates a grave and imminent risk to the substantial rights of [herself]." For purposes of assisted outpatient treatment, the magistrate committed Appellant to the Mahoning County Mental Health and Recovery Board (the county) for a period not to exceed 90 days.

{¶5} Appellant filed timely objections to the magistrate's decision. She argued (B)(4) does not apply to outpatient civil commitment, positing outpatient commitment is only statutorily available through (B)(5) (an alternative division cited in the affidavit but allegedly not established as she was not hospitalized two times in the last three years and there were no acts or threats of serious violence). Claiming she was not "subject to court order" under (B)(4), Appellant posited her behavior did not indicate a grave and imminent risk because she was not in need of hospitalization on the day of the magistrate's hearing. Upon stating a transcript from the magistrate's hearing was unnecessary, she pointed out the judge could take testimony at the hearing on the objections, citing R.C. 5122.15(J).

{¶6} The probate court agreed to rehear some evidence at the September 5, 2025 hearing (which was timely held within ten days of the objections). Citing pretrial discussions, the court announced the hearing was limited to whether outpatient commitment was available under (B)(4) and whether Appellant's situation qualified as "grave and imminent risk" under said subdivision. (Tr. 2). The county presented the psychologist's testimony. Instead of immediately ruling on Appellant's objections, the court set deadlines for the county's response (filed 9/19/25) and for Appellant's subsequent reply (filed 10/2/25).

{¶7} On November 3, 2025, the probate court addressed the objections and upheld the magistrate's decision. The court concluded Appellant was a mentally ill person subject to court order under R.C. 5122.01(B)(4) and the court had authority to order assisted outpatient civil commitment.

{¶8} Appellant filed a timely notice of appeal (date-stamped by the probate court clerk on 12/1/25 and by the common pleas court clerk on 1/13/26).[1] After each side was

[1] In the meantime, the magistrate granted the county's motion for continued outpatient commitment on November 7, 2025, which Appellant objected to by challenging the commitment order on the same grounds as the prior objections. The trial court concluded the objections were unnecessary as the issue raised was res judicata and an appeal was pending. (1/27/26 J.E.).

granted an extension, briefing was completed on May 28, 2026, and a non-oral hearing was set for August 12, 2026.

ASSIGNMENT OF ERROR ONE

{¶9} Appellant sets forth two assignments of error, the first of which contends:

"The Trial Court erred in imposing an Assisted Outpatient Civil Commitment based upon Ohio Revised Code Section 5122.01(B)(4)."

{¶10} Appellant begins by confirming what issues are not on appeal. For the statute's preliminary step, a mental illness is defined as "a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life." R.C. 5122.01(A). Appellant states the issue is not whether she is mentally ill but whether she is "subject to court order" under R.C. 5122.01(B).

{¶11} This statute defines a "person with a mental illness subject to court order" by setting forth five alternative subdivisions. R.C. 5122.01(B)(1)-(5). Appellant notes we should not apply (B)(5) because the testimony was unclear as to whether she continued to meet the (B)(5) criteria (specifically hospitalizations in the last three years). Although the affidavit initiating the case originally set forth (B)(5) as an alternative ground in addition to (B)(4), the magistrate did not find Appellant was subject to court order under (B)(5) and the testimony from the magistrate's hearing remains unknown. By the time the probate judge was ruling on the objections, the county was not alleging (B)(5) applied to Appellant.

{¶12} The issue was only whether Appellant, as a mentally ill person, was subject to court order under (B)(4). In pertinent part, a "person with a mental illness subject to court order" is defined by this subdivision as:

> a person with a mental illness who, because of the person's illness . . .
> (4) Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person . . .

R.C. 5122.01(B)(4).

{¶13} Appellant's first assignment of error addresses the legal question of whether a finding under (B)(4) allows outpatient civil commitment or only applies when hospitalization is involved (in an initial order). Appellant urges us to read the statute in

the light most favorable to her since even outpatient treatment constitutes a deprivation of her constitutionally protected liberty interest. *Citing Addington v. Texas*, 441 U.S. 418, 425, 427, 433 (1979) (requiring clear and convincing evidence so as to protect against commitments for mere idiosyncratic or occasionally abnormal behavior).

{¶14} The interpretation of a statute is a question of law reviewed de novo. *State v. Pariag*, 2013-Ohio-4010, ¶ 9. In reviewing statutory meaning, the court is to ascertain and follow the legislative intent, which first relies on only the words used in the statute. *Id*. at ¶ 10. "When a statute's language is clear and unambiguous, a court must apply it as written. Further construction is required only when a statute is unclear and ambiguous." *Id*.

{¶15} Statutes relating to the same general subject matter (in pari materia) are to be read together and construed harmoniously. *State v. Cook*, 2010-Ohio-6305, ¶ 45 ("unless they are irreconcilable and in hopeless conflict"); *State v. Buehler*, 2007-Ohio-1246, ¶ 29-33 (where the Supreme Court employed a "commonsense" reading of the "statutory scheme"). Words and phrases are to be read in context and construed under the rules of grammar and common usage. *Buehler* at ¶ 29.

{¶16} In arguing (B)(4) relates only to hospitalization and does not allow outpatient commitment, Appellant emphasizes the provision stating a person who meets only (B)(5) is not subject hospitalization. R.C. 5122.01(B)(5)(b). However, the fact that hospitalization is prohibited for (B)(5) does not bolster her argument that (B)(4) is only associated with hospitalization and not less restrictive commitments. Contrary to Appellant's suggestion and as the county emphasizes, division (B) defines a "person . . . subject to court order" not a "person subject to hospitalization" or a "person subject to court order of inpatient treatment."[2]

{¶17} The county also notes (B)(4) speaks of treatment, not hospitalization. In addition, the county points to a case where the trial court ordered a person to continue mental health counseling under conditional release status within the community upon

[2] The fact that the statute defines a "mentally ill person subject to court order" but formerly defined a "mentally ill person subject to hospitalization by court order" only reinforces what it does not presently say. *Compare* R.C. 5122.01(B) (eff. 9/17/14 when "hospitalization by" was eliminated and (B)(5) was added to the list) *to* Former R.C. 5122.01(B). Contrary to Appellant's argument, the legislative history does not support her position.

finding (B)(4) applied. *State v. McNich*ols, 2020-Ohio-2705, ¶ 6, 8 (4th Dist.). The Fourth District concluded the trial court "correctly recognized that the statute does not require a finding that the person is subject to hospitalization" but only that the person is subject to court order. *Id*. at ¶ 25, applying R.C. 5122.01(B)(4) (but reversing out of concern the probate court did not first consider whether the person had a mental illness).

{¶18} Upon finding the respondent is a person with a mental illness subject to court order by the requisite standard of proof, the court is statutorily instructed:

> the court shall order the respondent for a period not to exceed ninety days to *any of the following*:
>
> (1) A hospital operated by the department of behavioral health if the respondent is committed [by youth services];
>
> (2) A nonpublic hospital;
>
> (3) The veterans' administration or other agency of the United States government;
>
> (4) *A board of alcohol, drug addiction, and mental health services* or services provider the board designates;
>
> (5) *Receive private psychiatric or psychological care and treatment*;
>
> (6) *Any other suitable facility* or *person consistent with the diagnosis, prognosis, and treatment needs of the respondent*. A jail or other local correctional facility is not a suitable facility.

(Emphasis added.) R.C. 5122.15(C). As the county points out, the options are much broader than mere hospitalization and necessarily allow for the imposition of outpatient treatment.

{¶19} Further, "[i]n determining the entity or person to which the respondent is to be committed under division (C)," the probate court is to consider the diagnosis and prognosis, the preferences of the respondent herself, and the projected treatment plan. R.C. 5122.15(E)(1)-(3). A treatment plan includes "services to be provided to the patient while the patient is hospitalized, after the patient is discharged, *or in an outpatient setting*." (Emphasis added.) R.C. 5122.01(V)(2) (in establishing the treatment plan, consider the availability of services including community psychiatric supportive treatment and assertive community treatment).

{¶20} Notably, the division providing instructions for the court's determination of where to commit the respondent concludes by warning: "The court *shall order the implementation of the least restrictive alternative available* and consistent with treatment goals. *If* the court determines that the least restrictive alternative available that is consistent with treatment goals is inpatient hospitalization, the court's order shall so state." (Emphasis added.) R.C. 5122.15(E). In accordance, inpatient hospitalization is specifically labeled an "alternative" (unless otherwise prohibited) and one the court can only impose *if* the court determines other less restrictive commitments are not consistent with the goals of treatment.

{¶21} The availability of an initial outpatient civil commitment order is also evident in the next division, which provides in pertinent part:

> During the ninety-day period the entity or person shall examine and treat the respondent. If the respondent is receiving treatment in an outpatient setting, or receives treatment in an outpatient setting during a subsequent period of continued commitment under division (H) of this section, the entity or person to whom the respondent is committed shall determine the appropriate outpatient treatment for the respondent.

R.C. 5122.15(F).

{¶22} Lastly, "the entity or person to whom the respondent was ordered for treatment in an outpatient setting may submit a report to the court indicating that the respondent has either failed to comply with the treatment plan or begun to demonstrate signs of decompensation that may be grounds for hospitalization." R.C. 5122.15(N). After a hearing, "[t]he court . . . may not order the respondent to an inpatient setting unless the court determines by clear and convincing evidence presented by the board that the respondent meets the criteria specified in divisions (A) and (B)(1), (2), (3), or (4) of section 5122.01 of the Revised Code." *Id*.

{¶23} Contrary to an argument in Appellant's reply brief, this statutory provision shows how to proceed after outpatient treatment was already ordered. It reinforces the concept that hospitalization after outpatient treatment will not bypass the original test for hospitalization. But, in no way does it show outpatient treatment may not be ordered for

(B)(4) and may only be ordered for (B)(5) or as a post-hospitalization step-down after (B)(4).

{¶24} Contrary to another argument in Appellant's reply brief, the fact that a court can issue a temporary order of detention upon the affidavit commencing the proceedings does not mean the respondent starts in hospitalization and the court order then continues it under (B)(1) through (4) or stops it under (B)(5) (and thus somehow suggests outpatient treatment is not an option for the original (B)(4) ground). The statute providing for the filing of an affidavit specifically says upon finding probable cause, the court "*may* issue a temporary order of detention ordering any health or police officer or sheriff to take into custody and transport the person to a hospital or other place designated in section 5122.17 of the Revised Code, or may set the matter for further hearing." (Emphasis added.) R.C. 5122.11 (and then citing further hearings under R.C. 5122.141 and .15). In fact, the medical examination, ordered upon the finding of probable cause, "shall be held at a hospital or other medical facility, *at the home of the respondent, or at any other suitable place* least likely to have a harmful effect on the respondent's health." R.C. 5122.14.

{¶25} Stating one of four grounds must exist for a court to order hospitalization does not equate to a statement that hospitalization is the only available treatment. Clearly, the statutory scheme does not require the court to choose hospitalization or nothing for a person meeting the criteria of (B)(4). Instead, the least restrictive alternative is required when a mentally ill person is subject to court order. *See In re R.W.*, 2026-Ohio-2344, ¶ 16-17, 28 (6th Dist.) (affirming where the probate court found clear and convincing evidence the respondent was mentally ill subject to court order under divisions (B)(1), (B)(2), and (B)(4) of R.C. 5122.01 and found outpatient services through the county board to be the least restrictive alternative for initial treatment). This assignment of error is overruled.

ASSIGNMENT OF ERROR TWO

{¶26} Appellant's second assignment of error provides:

"The Trial Court erred in finding there was grave and imminent risk."

{¶27} To recap, a person with a mental illness is subject to court order if "because of their illness, [they] would benefit from treatment for the person's mental illness and is

in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person . . .” R.C. 5122.01(B)(4). The probate court must find “by clear and convincing evidence that the respondent is a person with a mental illness subject to court order” in order to impose a listed commitment remedy for a period not to exceed 90 days. R.C. 5122.15(C).

{¶28} “Clear and convincing evidence is that measure or degree of proof which will produce in the mind of the trier of facts a firm belief or conviction as to the allegations sought to be established.” *Cross v. Ledford*, 161 Ohio St. 469, 477 (1954). “It is intermediate, being more than a mere preponderance, but not to the extent of such certainty as is required beyond a reasonable doubt as in criminal cases. It does not mean clear and *unequivocal*.” (Emphasis original). *Id*. Circumstantial evidence inherently possesses the same probative value as direct evidence. *State v. Treesh*, 90 Ohio St.3d 460, 485 (2001).

{¶29} The totality of the circumstances is relevant when determining whether a mentally ill person is subject to court order. *McNichols*, 2020-Ohio-2705, at ¶ 17 (4th Dist.), citing *In re Burton*, 11 Ohio St.3d 147, 149 (1984) (considering the totality of the circumstances when the statute previously defined a “mentally ill person subject to hospitalization” while observing, “This test balances the individual's right against involuntary confinement in deprivation of his liberty, and the state's interest in committing the emotionally disturbed”), citing *Addington*, 441 U.S. 418. When the decision formerly entailed whether a mentally ill person was “subject to hospitalization by court order,” some of the circumstances a probate court had discretion to consider included: current substantial risk of physical harm to self or others; psychiatric and medical testimony on present mental and physical condition; the respondent’s insight into her own condition showing she will continue prescribed treatments and seek professional assistance; the grounds alleged for the proposed commitment; past history relevant to compliance with laws, rules, regulations, and societal values; and evidence the illness may be in remission while considering the cause and degree of remission and the probability of continued treatment to maintain the remission. *Burton* at 149-150. We note the totality of the circumstances is a term used when reviewing the satisfaction of various legal tests. *See State v. McKnight*, 2005-Ohio-6046, ¶ 165-166 (where the Supreme Court concluded the

totality of the circumstances showed the evidence was sufficient to support the conviction and then opined the verdict was not against the manifest weight of the evidence).

{¶30} Applying the current version of the civil commitment statutes, we pointed out a respondent may invoke a sufficiency and/or a manifest weight of the evidence review in an appeal contesting one's status as a mentally ill person subject to a court order. *In re T.M.*, 2025-Ohio-439, ¶ 18 (7th Dist.); *see also State v. Berihun*, 2024-Ohio-2054, ¶ 8, 18, 26 (5th Dist.); *In the Matter of A.C.*, 2021-Ohio-2116, ¶ 10, 17-18 (10th Dist.) (utilizing the totality of the circumstances factors when reviewing whether there was competent credible evidence while referencing sufficiency and manifest weight); *McNichols*, 2020-Ohio-2705, at ¶ 10-13 (4th Dist.).

{¶31} Sufficiency and weight are distinct concepts in civil law, just as they are distinct concepts in criminal law. *Eastley v. Volkman*, 2012-Ohio-2179, ¶ 8-10, 15-17, 23 (where the Supreme Court explained the term "some competent, credible evidence" was being misinterpreted as a merger of the concepts); *see also In re Z.C.*, 2023-Ohio-4703, at ¶ 15-18 (after observing how prior decisions blurred various lines, the Supreme Court also pointed to the incorrect tendency of some courts to apply an abuse of discretion standard while using the term "competent, credible evidence" without recognizing both sufficiency and weight may be raised where a decision must be supported by clear and convincing evidence).[3] The tests from criminal precedent apply to a civil case with adjustment for the standard of proof. *Eastley* at ¶ 19, 23.

{¶32} Whether the evidence is legally sufficient to sustain a judgment is a *question of law* dealing with adequacy. *Id.* at ¶ 11, citing *State v. Thompkins*, 78 Ohio St.3d 380, 386 (1997). Sufficient evidence exists if, after construing all evidence and reasonable inferences in the light most favorable to the petitioner, *any* rational trier of fact could find the elements by the requisite standard of proof. *State v. Goff*, 82 Ohio St.3d 123, 138 (1998); *Jackson v. Virginia*, 443 U.S. 307, 319 (1979) (including reasonable inferences). Involving the burden of production, a sufficiency analysis does not weigh witness credibility, as the question is whether the evidence is sufficient if it is believed. *State v. Brown*, 2025-Ohio-2804, ¶ 17.

[3] We note a judgment must necessarily be supported by sufficient evidence if it is supported by the weight of the evidence. *State v. Friend*, 2025-Ohio-3270, ¶ 31 (7th Dist.).

{¶33} Distinctly, weight of the evidence concerns the burden of persuasion or "the effect of the evidence in inducing belief" with the corresponding review evaluating "the inclination of the greater amount of credible evidence, offered in a trial, to support one side of the issue rather than the other." *Eastley* at ¶ 12, quoting *Thompkins* at 387. When a party argues a judgment is contrary to the manifest weight of the evidence, the appellate court reviews the entire record, weighs the evidence including reasonable inferences, considers the credibility of witnesses, and determines whether, in resolving conflicts in the evidence, the trier of fact clearly lost its way and created a manifest miscarriage of justice. *State v. Lang*, 2011-Ohio-4215, ¶ 220 (limited to the "exceptional" case, one where the evidence weighs "heavily" against the judgment), citing *Thompkins* at 387. Weight and credibility are primarily for the trier of fact. *State v. Hunter*, 2011-Ohio-6524, ¶ 118; *see also Davis v. Flickinger*, 77 Ohio St.3d 415, 419 (1997) (applying this principle when reviewing for abuse of discretion).

{¶34} Appellant's brief sets forth a single argument section addressing both assignments of error. In doing so, she blends arguments on the evidence related to this assignment of error with the statutory interpretation argument in the first assignment of error. In this vein, a portion of her argument on grave and imminent risk appears to be dependent on her argument in the first assignment. That is, Appellant suggests if only hospitalization can be imposed for (B)(4) and because hospitalization was not seen as necessary treatment at the time of the hearing, the risk in her case must not be grave and imminent. As an additional legal question, Appellant presents the following contention: where a psychologist testified to a concern of the risk of future hospitalization but where the psychologist and the trial court did not believe hospitalization was warranted at the time of the hearing, the risk would not qualify as grave or imminent. She says there was "no evidence" showing grave and imminent risk of hospitalization.

{¶35} To the extent this assignment of error relies on the first assignment of error, it is without merit as hospitalization is not the only commitment option for (B)(4). The clear statutory language unambiguously explains the "grave and imminent risk" is to the substantial rights of Appellant (or others). It is not necessarily a grave and imminent risk *of hospitalization*.

{¶36} Although imminent can be generally defined as ready to take place, near at hand, impending, or hanging threateningly over one's head, it does not mean in the process of or immediately. *State v. Kergan*, 2012-Ohio-1407, ¶ 12 (7th Dist.) (defining imminent in a domestic violence statute). Even assuming hospitalization was the only concern, hospitalization need not be necessary on the very day of the hearing in order for a court to conclude "because of the [respondent's] illness, [she] would benefit from treatment for [her] mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person . . ." R.C. 5122.01(B)(4). Moreover, the psychologist was concerned with the grave and imminent risk of *continued* deterioration (which would eventually precipitate hospitalization as well as other setbacks) not merely the threat of hospitalization hanging over Appellant's head. This is evident in the following review of her testimony.

{¶37} The psychologist explained Appellant has a documented and clinically significant pattern of severe and persistent schizoaffective disorder causing pervasive and persistent delusions self-described as "spiritual" issues. (Tr. 5-6). Appellant has limited insight into her condition (even when following instructions regarding her medications, and this insight worsens with each rejection of a prescribed dose. *Id*. at 6, 9-10. In the past, Appellant has been involuntarily hospitalized for periods ranging from two to three months, which the psychologist considered to be "long periods" in the scheme of a person's mental health. *Id*. at 9 (the last of which was after Appellant went around declaring she owned various buildings and businesses to justify her belief the occupants should follow her instructions).

{¶38} Appellant has a history of refusing or decreasing medications. During the past three years, she was able to avoid hospitalization with the support provided by prior civil outpatient commitments. When taking her medications as prescribed, she was more stable with less delusional preoccupation. *Id*. at 6-7. She was living independently but next to her parents.

{¶39} Precipitating the current proceedings, Appellant insisted on reducing her prescribed medications against medical advice. First, Appellant decreased her Lithium (mood stabilizer) dose by only taking half of the prescribed daily oral quantity against medical advice. *Id*. at 8, 12. Later, she arrived for her Haldol (antipsychotic) injection

and demanded a half-dose. When the nurse explained she could not alter a doctor's prescription, Appellant left without receiving any injection, thus skipping the entire dose. *Id*. at 8. Appellant also informed the psychologist that she was planning to decrease her third prescription by half (another antipsychotic). *Id*. at 9.

{¶40} This has resulted in increased delusional thoughts, irritability, agitation, and distrust of providers and family, which was becoming more interpersonally and functionally impairing. *Id*. at 6, 11-12 (with Appellant reporting she needed to confront family members, including her daughter's father, all of whom she accused of internally intruding into her thought process). The psychologist believed there was a grave and imminent risk to Appellant's own rights, including the likelihood of a required hospitalization, but opined there was a less restrictive alternative to preserve her current functioning before the impairment further progressed. *Id*. at 9, 16-17. The time until the self-reduced medications would result in involuntary hospitalization was hard to predict because it was partly dependent on what triggers happened to present on a given day in Appellant's life. *Id*. at 18.

{¶41} Notably, the psychologist opined Appellant's behavior evidenced a grave and imminent risk to herself because every time a person with Appellant's condition experiences a psychotic episode *or increased psychosis*, it takes longer to recover, results in a longer hospital stay, and is followed by further reduced functioning and greater impairment. The increased psychosis from the lack of full medication compliance was characterized as a harmful "assault" on the brain whereby "every time you injure your [brain], it's going to be harder to come back from that. It's going to be more injured." *Id*. at 10, 20. "[T]he longer things go on -- the faster the train goes, the harder the train is to stop. The longer the train is going, the harder it is to stop it." *Id*. at 22.

{¶42} The impending great danger was established by clear and convincing evidence. Considering the testimony in the light most favorable to the county, there was sufficient evidence from which some rational trier of fact could clearly and convincingly conclude Appellant would benefit from treatment for her mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to her own substantial rights in accordance with R.C. 5122.01(B)(4).

{¶43} In our review of the weight of the evidence, the psychologist presented credible testimony regarding the grave and imminent risk to Appellant's substantial rights due to her refusal to take medication as prescribed. The probate court's decision to order outpatient civil commitment did not create a manifest miscarriage of justice and this is not the exceptional case in which the evidence weighs heavily against the decision to find Appellant, a mentally ill person, was subject to court order under R.C. 5122.01(B)(4). We additionally conclude under the totality of circumstances, the court's decision was supported by competent credible evidence and was not unreasonable, arbitrary, or unconscionable. This assignment of error is overruled.

{¶44} For the foregoing reasons, the trial court's judgment is affirmed.

Hanni, J., concurs.

Dickey, J. concurs.

For the reasons stated in the Opinion rendered herein, the assignments of error are overruled and it is the final judgment and order of this Court that the judgment of the Court of Common Pleas, Probate Division of Mahoning County, Ohio, is affirmed. Costs waived.

A certified copy of this opinion and judgment entry shall constitute the mandate in this case pursuant to Rule 27 of the Rules of Appellate Procedure. It is ordered that a certified copy be sent by the clerk to the trial court to carry this judgment into execution.

NOTICE TO COUNSEL

This document constitutes a final judgment entry.