

BEFORE THE PSYCHIATRIC SECURITY REVIEW BOARD
OF THE STATE OF OREGON

In the Matter) PSRB No. 22-3022
of) OSH PatID No. 86165
GRANT KINGSWORTH BRANNAMAN) Josephine County No. 21CR07148
) ORDER OF DISCHARGE
)
)

This matter came before the Psychiatric Security Review Board on January 14, 2026, for an inpatient status review pursuant to ORS 161.346(12)(a) and OAR 859-060-0050 upon the request of the Oregon State Hospital. Board members present were J. Wilson Kenney, Ph.D., Robert McKelvey, M.D., and Julie Duke. The Oregon State Hospital requested the PSRB review Grant Brannaman's ongoing risks and end of jurisdiction plan as his end of jurisdiction occurs on February 8, 2026, such that the status of his mental health and associated risks of dangerousness could be incorporated into this Order of Discharge.

The Board, having received one hundred forty-eight exhibits without objection, excluding any designated victim impact statements, and after considering all the evidence admitted on the record, FINDS AS FACT:

1. Grant Brannaman was found guilty except for insanity of the crimes of Arson II and Attempted Criminal Mischief I and was placed under the jurisdiction of the Psychiatric Security Review Board for a maximum period of time not to exceed five (5) years by Josephine County Circuit Court Judge Matthew Galli on January 11, 2022. Based upon credit for time served, Grant Brannaman's jurisdiction expires on February 08, 2026.
2. Throughout the entirety of his jurisdiction, Grant Brannaman has remained at the most restrictive level of care available to individuals under the Psychiatric Security Review Board, specifically continuous placement at the Oregon State Hospital. At no point during his five-year jurisdiction has his treatment team recommended him for conditional release into the community, based on his assessed risk level and inability to be safely managed outside of a highly structured and supervised institutional setting. Similarly, Mr. Brannaman has never petitioned the Board for conditional release or any other form of community placement, either independently or during any statutorily required hearings conducted by the Board.

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3. Grant Brannaman continues to be affected by a qualifying mental disorder, namely Schizoaffective Disorder, Bipolar Type, as documented in the most recent Oregon State Hospital psychiatric note authored by Les Christianson, D.O., dated December 29, 2025 (Exhibit 146). His current psychiatric presentation and symptom profile are further detailed in the SOTP Treatment History authored by Kate Crawford, Psy.D., dated January 6, 2026, which provides the following clinical summary:

Mr. Brannaman's gradually worsening psychiatric symptoms represented the most significant barrier to SOTP treatment and remain salient to his future risk upon E[nd] O[f] J[urisdiction]. His psychiatric clinical conceptualization is complex and has yet to be cleanly conceptualized in a manner that incorporates his numerous bizarre symptoms. Psychotic symptoms (e.g., delusions, lack of orientation distinctions between past, present, or future events; paranoia; grandiosity; extreme sensitivity to sensory stimuli) and personality pathology (e.g., narcissistic personality disorder) and ongoing factors to Mr. Brannaman's presentation. In addition to psychosis and personality pathology, recent conceptualization explores whether Mr. Brannaman's presentation reflects PTSD with subtle dissociative features that began after severe trauma (imprisonment, torture, control tactics using substances). Indicators include disorientation about whether experiences are past, present, or future, heightened sensory reactivity, and impaired emotional engagement since the trauma period, which coincided with psychiatric decompensation and coerced substance use. He reports feeling "everything is black inside" when attempting to recall emotions post-torture, and delusional themes of "surrendering to the black" and "living in the black" further complicate differentiation between psychotic and trauma-related processes. Physical complaints (such as difficulty standing, use of wheelchair, extreme sensitivity to lights and sounds) have been conceptualized by psychiatry and psychology as possibly psychosomatic, after extensive review of medical history, collateral interviews with his father, and possible environmental triggers. This adds to his nuance of unexplained symptoms. Despite extensive evaluation, providers consistently note that a critical piece of the clinical picture remains elusive, and no treatment approach has yet reduced sexual-offense risk as his EOJ approaches.

Dr. Crawford further identifies specific warning signs of psychiatric destabilization, including escalation of manic symptoms, increased sexual preoccupation, paranoia regarding sexual exploitation, and overt hostility toward women, all of which recommends heightened supervision and risk mitigation when present.

4. Grant Brannaman, without adequate supervision and treatment, would continue to present a substantial danger to others as demonstrated by the underlying facts

1 shown by the evidence. This conclusion is supported by the OSH SOTP Treatment
2 History authored by Kate Crawford, Psy.D., on January 6, 2026, which documents
3 his baseline sexual-offense risk and the extensive measures required to maintain
4 safety even within a controlled institutional environment. Dr. Crawford explains,

5 ...Mr. Brannaman represents significant risk for sexually reoffending at
6 baseline, and when he is psychiatrically decompensated, his risk increased
7 substantially. Since July 2024 intensive efforts were made to monitor his
8 risk for sexual behavior and his ebbing psychiatric stability, to provide
9 safety for staff and peers. These efforts included extremely close
10 management of his activities based on his functioning and included
11 canceled outings, special caveats from Risk Review, extensive
12 collaboration between myself and IDTs, unit transfers, roommate changes,
13 increased staffing ratios, and ultimately revocation of his privileges. These
14 efforts were required to maintain safety and mitigate risk even while Mr.
15 Brannaman was receiving medication, sexual offense treatment, stable
16 housing, and assumed lack of access to substances. Should he lose this level
17 of external support when he leaves OSH, discontinues medications, and
18 adds substances to his presentation as he plans to do, he represents an
19 extreme risk of sexually violent behavior. Given his commitment to using
20 substances, ceasing psychiatric medication, and lack of commitment to
21 managing his mental illness, Mr. Brannaman's psychiatric symptoms that
22 cause significant sexual preoccupation and sexually violent fantasies will
23 be unmanaged, unmonitored, and untreated. These symptoms lead to
24 behaviors that have, and may likely again, lead to significant sexual harm
25 against women and girls.

18 Further supporting this finding is Grant Brannaman's extensive criminal history as
19 outlined in Exhibit 3. Prior to committing his instant offenses of Arson II and
20 Attempted Criminal Mischief 1 that brought him under this Board's jurisdiction,
21 Mr. Brannaman has multiple separate charges and convictions (none of which were
22 adjudicated as guilty except for insanity) in multiple counties in Oregon including
23 Multnomah, Lincoln, Jackson, Benton, and Josephine.

- 22 5. According to the Sex Offender Registration (SOR) system, which is maintained by
23 the Oregon State Police (OSP), Grant Brannaman is classified as a Level 3 sexual
24 offender, indicating the highest level of community notification and risk
25 designation under Oregon law. The expiration of Mr. Brannaman's jurisdiction
26 under the PSRB does not relieve him of, alter, or otherwise affect his ongoing
obligations to comply with all statutes and requirements applicable to this sex
offender designation. Information contained in the START assessment dated

November 13, 2025, indicates that Brannaman has been arrested for Failure to Register as a Sexual Offender in Washington in 2019 (dismissed) and in Oregon three times in 2020 (two with no disposition listed and one dismissed).

6. Notwithstanding Grant Brannaman's ongoing qualifying mental disorder and the documented risk he poses to public safety, the Board has no legal authority to extend his jurisdiction beyond February 8, 2026. The expiration of jurisdiction is mandatory and occurs by operation of law.

Given the specific and documented risk factors present in this case, as summarized in the treatment history authored by Kate Crawford, Psy.D. (Exhibit 148), the Board finds it necessary for the protection of society to outline Mr. Brannaman's anticipated status at the end of jurisdiction. To that end, Oregon State Hospital has undertaken extensive, sustained, and multidisciplinary efforts to mitigate public risk upon Mr. Brannaman's end of jurisdiction. These efforts have included comprehensive consultation with the Psychiatric Security Review Board, other divisions of the Oregon Health Authority, county behavioral health providers, multiple District Attorney offices, and members of Mr. Brannaman's family. Despite the breadth and intensity of these efforts, factors outside of the hospital's control, including statutory limitations, prosecutorial discretion, judicial determinations, and variables inherent in civil commitment and placement processes, have precluded the development of a single, definitive discharge plan. As a result, at the time of the Board's hearing, the record reflects the identification of multiple contingency pathways rather than a predictable or assured outcome.

The record identifies two primary barriers that have contributed to establishing a safe and predictable discharge plan. First, Mr. Brannaman's engagement in discharge planning has been inconsistent. While very recent records indicate he has been cooperative with his team to identify housing, over the past year he has also been documented as repeatedly stating his intent to remain unhoused following EOJ and that he does not intend to continue psychiatric medication, plans to use cannabis, and has indicated a likelihood of resuming methamphetamine use (Exhibits 127, 131, 136, 142, 146, and 148). The record further reflects that Mr. Brannaman relapsed to both cannabis and methamphetamine following his release from the Oregon State Hospital in 2018 (Exhibit 140), substances which coincided with periods of increased psychiatric instability and offending behavior.

Second, while Mr. Brannaman's history of dangerousness is well documented, his fluctuating mental status creates significant uncertainty regarding whether he will ultimately meet statutory criteria for civil commitment. The record reflects that Mr. Brannaman demonstrates an atypical and variable response to psychotropic medications, including evidence that he metabolizes certain long-acting injectable medications more rapidly than average (Exhibit 148). When adequately medicated, he can present as psychiatrically stable for periods of time. This variability, combined with episodic symptom exacerbation when medication

1 levels decline, complicates clinical assessment of his imminent dangerousness at
2 any single point in time and, in turn, complicates civil commitment
determinations.

3 Civil commitment pursuant to ORS 426.701 has been explored in consultation
4 with at least three District Attorney offices and Marion County behavioral health
5 professionals. Consultations with those prosecutors consistently concluded that,
6 notwithstanding the seriousness of Mr. Brannaman's conduct in his Sexual Abuse
7 III conviction and Arson II adjudication, the statutory requirement of an
8 "extremely dangerous act" could not be established based on the available
9 evidence (Exhibit 147).

10 At the time of this hearing, it is the Board's understanding, based primarily on the
11 information contained in Exhibits 139 and 146, that Oregon State Hospital intends
12 to file a Notice of Mental Illness seeking civil commitment pursuant to ORS
13 426.130. The Board notes, however, that there is no guarantee that such a petition
14 will be granted. Further, even if granted, the nature, duration, and location of any
15 resulting placement cannot be predicted at this time. Civil commitment
16 determinations rest solely with the circuit court and are outside the control of the
17 Board, Oregon State Hospital, and the Oregon Health Authority.

18 In recognition of this uncertainty, the record reflects that Oregon State Hospital
19 has engaged in extensive contingency planning, including repeated high-risk case
20 reviews within the hospital and in collaboration with external partners. These
21 efforts have included coordination with county exceptional-needs services
22 coordinators to submit referrals to multiple group home settings, as well as
23 ongoing discussions with Mr. Brannaman's family regarding potential
24 guardianship (Exhibits 137, 142). The record indicates that OSH has worked most
25 extensively with Marion County since at least August 12, 2025, consistent with
26 Mr. Brannaman's stated preference to remain in that county, while also exploring
options in Josephine, Multnomah, Lane, and Polk Counties. Mr. Brannaman has
been accepted to at least three group homes within Marion County, all of which
have been notified of Mr. Brannaman's risk profile; however, the record reflects
ongoing concerns regarding waitlists and availability. Collectively, these efforts
underscore both the seriousness of the risk presented and the limited ability of any
single entity to control or guarantee the circumstances of Mr. Brannaman's
release once jurisdiction ends.

7. In anticipation of the end of jurisdiction, the Board will remain in active
consultation with the Oregon State Hospital for the purpose of facilitating lawful
public safety notifications. Pursuant to ORS 163A.215, the Board is authorized to
disclose information to law enforcement agencies, when necessary, in the interest
of public safety. Consistent with that authority, the Board will issue notification to
appropriate law enforcement agencies prior to Mr. Brannaman's release. This
notification will include relevant risk factors and situational information,
including notice to local law enforcement regarding potential areas of concern,
such as the Walmart location referenced in the record.

1 As required by law, Mr. Brannaman will be subject to sex offender registration
2 and public online disclosure as a Level 3 sex offender. The Board notes, however,
3 that the effectiveness of address-based notification may be limited by Mr.
4 Brannaman's stated intent to remain unhoused following EOJ. The Oregon State
Police have been notified of Mr. Brannaman's anticipated release for purposes of
monitoring compliance with sex offender registration requirements.

5 The Board further notes that even in the event Mr. Brannaman is civilly
6 committed following EOJ, such commitment would occur under a separate
7 statutory framework and judicial authority and may not eliminate all risk to the
8 community. Accordingly, law enforcement agencies and community partners are
encouraged to remain vigilant and to utilize available resources and
communication channels to respond to any emerging safety concerns.

9 IT IS HEREBY ORDERED, pursuant to ORS 161.346(1)(c) and 161.351(2) that Grant
10 Brannaman be continued in commitment at the Oregon State Hospital (OSH) for care, custody and
11 treatment.

12 IT IS FURTHER ORDERED that OSH will keep the PSRB apprised of any additional
13 information related to Mr. Brannaman's risk and discharge plan such that information can be
14 disclosed as permitted by law in the interest of public safety.

15 IT IS FURTHER ORDERED, pursuant to ORS 161.346(1)(a), that Grant Brannaman be
16 discharged from the jurisdiction of the Psychiatric Security Review Board on February 08, 2026,
17 by operation of law.

18 This order may be appealed pursuant to ORS 161.348.

19 DATED this _____ day of _____, 2026.

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22 Psychiatric Security Review Board Member
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