

1 BEFORE THE PSYCHIATRIC SECURITY REVIEW BOARD

2 OF THE STATE OF OREGON

3 In the Matter ) PSRB No. 22-3022  
4 of ) OSH PatID No. 86165  
5 GRANT KINGSWORTH BRANNAMAN ) Josephine County No. 21CR07148  
6 ) ) ORDER OF DISCHARGE  
6 ) )

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

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

- 17 1. Grant Brannaman was found guilty except for insanity of the crimes of Arson II  
18 and Attempted Criminal Mischief I and was placed under the jurisdiction of the  
19 Psychiatric Security Review Board for a maximum period of time not to exceed  
20 five (5) years by Josephine County Circuit Court Judge Matthew Galli on January  
21 11, 2022. Based upon credit for time served, Grant Brannaman's jurisdiction expires  
22 on February 08, 2026.
- 23 2. Throughout the entirety of his jurisdiction, Grant Brannaman has remained at the  
24 most restrictive level of care available to individuals under the Psychiatric Security  
25 Review Board, specifically continuous placement at the Oregon State Hospital. At  
26 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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2 3. Grant Brannaman continues to be affected by a qualifying mental disorder, namely

3 Schizoaffective Disorder, Bipolar Type, as documented in the most recent Oregon

4 State Hospital psychiatric note authored by Les Christianson, D.O., dated

5 December 29, 2025 (Exhibit 146). His current psychiatric presentation and

6 symptom profile are further detailed in the SOTP Treatment History authored by

7 Kate Crawford, Psy.D., dated January 6, 2026, which provides the following

8 clinical summary:

9

10 Mr. Brannaman's gradually worsening psychiatric symptoms represented

11 the most significant barrier to SOTP treatment and remain salient to his

12 future risk upon E[nd] O[f] J[urisdiction]. His psychiatric clinical

13 conceptualization is complex and has yet to be cleanly conceptualized in a

14 manner that incorporates his numerous bizarre symptoms. Psychotic

15 symptoms (e.g., delusions, lack of orientation distinctions between past,

16 present, or future events; paranoia; grandiosity; extreme sensitivity to

17 sensory stimuli) and personality pathology (e.g., narcissistic personality

18 disorder) and ongoing factors to Mr. Brannaman's presentation. In addition

19 to psychosis and personality pathology, recent conceptualization explores

20 whether Mr. Brannaman's presentation reflects PTSD with subtle

21 dissociative features that began after severe trauma (imprisonment, torture,

22 control tactics using substances). Indicators include disorientation about

23 whether experiences are past, present, or future, heightened sensory

24 reactivity, and impaired emotional engagement since the trauma period,

25 which coincided with psychiatric decompensation and coerced substance

26 use. He reports feeling "everything is black inside" when attempting to

27 recall emotions post-torture, and delusional themes of "surrendering to the

28 black" and "living in the black" further complicate differentiation between

29 psychotic and trauma-related processes. Physical complaints (such as

30 difficulty standing, use of wheelchair, extreme sensitivity to lights and

31 sounds) have been conceptualized by psychiatry and psychology as possibly

32 psychosomatic, after extensive review of medical history, collateral

33 interviews with his father, and possible environmental triggers. This adds

34 to his nuance of unexplained symptoms. Despite extensive evaluation,

35 providers consistently note that a critical piece of the clinical picture

36 remains elusive, and no treatment approach has yet reduced sexual-offense

37 risk as his EOJ approaches.

38 Dr. Crawford further identifies specific warning signs of psychiatric

39 destabilization, including escalation of manic symptoms, increased sexual

40 preoccupation, paranoia regarding sexual exploitation, and overt hostility toward

41 women, all of which recommends heightened supervision and risk mitigation when

42 present.

43

44 4. Grant Brannaman, without adequate supervision and treatment, would continue to

45 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  
safety even within a controlled institutional environment. Dr. Crawford explains,

4 ...Mr. Brannaman represents significant risk for sexually reoffending at  
5 baseline, and when he is psychiatrically decompensated, his risk increased  
6 substantially. Since July 2024 intensive efforts were made to monitor his  
7 risk for sexual behavior and his ebbing psychiatric stability, to provide  
8 safety for staff and peers. These efforts included extremely close  
9 management of his activities based on his functioning and included  
10 canceled outings, special caveats from Risk Review, extensive  
11 collaboration between myself and IDTs, unit transfers, roommate changes,  
12 increased staffing ratios, and ultimately revocation of his privileges. These  
13 efforts were required to maintain safety and mitigate risk even while Mr.  
14 Brannaman was receiving medication, sexual offense treatment, stable  
15 housing, and assumed lack of access to substances. Should he lose this level  
16 of external support when he leaves OSH, discontinues medications, and  
17 adds substances to his presentation as he plans to do, he represents an  
extreme risk of sexually violent behavior. Given his commitment to using  
substances, ceasing psychiatric medication, and lack of commitment to  
managing his mental illness, Mr. Brannaman's psychiatric symptoms that  
cause significant sexual preoccupation and sexually violent fantasies will  
be unmanaged, unmonitored, and untreated. These symptoms lead to  
behaviors that have, and may likely again, lead to significant sexual harm  
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  
adjudicated as guilty except for insanity) in multiple counties in Oregon including  
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  
offender, indicating the highest level of community notification and risk  
24 designation under Oregon law. The expiration of Mr. Brannaman's jurisdiction  
under the PSRB does not relieve him of, alter, or otherwise affect his ongoing  
25 obligations to comply with all statutes and requirements applicable to this sex  
offender designation. Information contained in the START assessment dated  
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1 November 13, 2025, indicates that Brannaman has been arrested for Failure to  
2 Register as a Sexual Offender in Washington in 2019 (dismissed) and in Oregon  
3 three times in 2020 (two with no disposition listed and one dismissed).

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

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

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

11 Second, while Mr. Brannaman's history of dangerousness is well documented, his  
12 fluctuating mental status creates significant uncertainty regarding whether he will  
13 ultimately meet statutory criteria for civil commitment. The record reflects that  
14 Mr. Brannaman demonstrates an atypical and variable response to psychotropic  
15 medications, including evidence that he metabolizes certain long-acting injectable  
16 medications more rapidly than average (Exhibit 148). When adequately  
17 medicated, he can present as psychiatrically stable for periods of time. This  
18 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  
3 determinations.

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

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

19 In recognition of this uncertainty, the record reflects that Oregon State Hospital  
20 has engaged in extensive contingency planning, including repeated high-risk case  
21 reviews within the hospital and in collaboration with external partners. These  
22 efforts have included coordination with county exceptional-needs services  
23 coordinators to submit referrals to multiple group home settings, as well as  
24 ongoing discussions with Mr. Brannaman's family regarding potential  
25 guardianship (Exhibits 137, 142). The record indicates that OSH has worked most  
26 extensively with Marion County since at least August 12, 2025, consistent with  
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.

27 7. In anticipation of the end of jurisdiction, the Board will remain in active  
28 consultation with the Oregon State Hospital for the purpose of facilitating lawful  
29 public safety notifications. Pursuant to ORS 163A.215, the Board is authorized to  
30 disclose information to law enforcement agencies, when necessary, in the interest  
31 of public safety. Consistent with that authority, the Board will issue notification to  
32 appropriate law enforcement agencies prior to Mr. Brannaman's release. This  
33 notification will include relevant risk factors and situational information,  
34 including notice to local law enforcement regarding potential areas of concern,  
35 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  
community. Accordingly, law enforcement agencies and community partners are  
8 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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