

TO: Senate Committee on Judiciary
FROM: Preston Berman
DATE: March 23, 2025
RE: Strong Support for SB 1114

Dear Chair, Vice-Chair, and Members of the Senate Committee on Judiciary,

I submit this written testimony in strong support of Senate Bill 1114. I have been under the jurisdiction of the Psychiatric Security Review Board (PSRB) since 2010, following a severe mental health crisis that led me to start a fire in an effort to end my life. At that time, I was experiencing intense manic symptoms and severe psychosis. I mistakenly believed people around me could hear my thoughts, causing extreme distress and leading me to fear imminent harm, including an irrational fear of receiving a frontal lobotomy.

Over the past 15 years, I have significantly progressed in my recovery and stability, particularly since 2022. Despite my documented improvement, I remain institutionalized at the Oregon State Hospital under the continued jurisdiction of the PSRB. The board has approved my conditional release, yet due to systemic delays, I have been informed it may be up to a year before I can transition to a community-based group home.

Throughout this long and challenging journey, I have made substantial strides in managing my Bipolar I disorder. At my recent PSRB hearing on February 26, 2025, my psychiatrist provided clear testimony regarding my condition. He stated unequivocally that my mental health is well-controlled and significantly stable, with consistent voluntary medication adherence, active self-monitoring, and open, proactive communication with my treatment team.

However, despite the strong testimony and medical evidence provided, the PSRB decided to maintain jurisdiction based upon its current interpretation of Oregon Administrative Rule 859-010-0005(8). This rule effectively eliminates the necessary causal nexus between a mental health diagnosis and substantial dangerousness. This omission contradicts essential protections outlined in the Due Process Clause of the 14th Amendment, reinforced by the Supreme Court ruling in *Foucha v. Louisiana* (90-5844), 504 U.S. 71 (1992). In that case, the Court ruled that confining someone acquitted by reason of insanity, once they're no longer mentally ill or dangerous, violates due process, as well as Oregon Revised Statutes 161.346(1)(a), which clearly mandates release where no nexus exists between mental illness and dangerousness.

The current practice of the PSRB, maintaining jurisdiction over individuals regardless of whether their mental condition continues to represent a substantial and imminent danger based on hypothetical future risk, significantly departs from established constitutional principles and creates unnecessary hardships. In my case, my family in Florida, including two brothers who successfully manage Bipolar I disorder within the community, are prepared to provide substantial support should I be jurisdictionally discharged. My psychiatrist affirmed that integration into my natural support network would provide essential community-based stability and help mitigate potential risks.

Moreover, the prolonged jurisdiction I currently experience is disproportionate to what would have been the likely sentence for my offense absent a mental health diagnosis. Without the element of mental illness, my crime would have likely resulted in a sentence of no more than three years of incarceration, given the absence of any threat of bodily injury. Yet, because of my mental condition, my effective sentence under the PSRB has extended significantly beyond this, approaching nearly two decades. Such disproportionate severity raises fundamental questions of fairness and justice within our mental health and legal systems.

Furthermore, my continued confinement at Oregon State Hospital has caused severe emotional distress and significant harm. The environment is stark and dehumanizing, characterized by bare walls, harsh fluorescent lighting, and limited access to natural light, creating an atmosphere devoid of warmth and comfort. Basic coping mechanisms and personal comforts, such as purchasing personal clothing (currently restricted to catalog purchases, OSH does not provide the catalogs, effectively banning personal clothing even though they have a system in place that could screen packages), access to streaming music in our rooms, and uninterrupted reading time (lights automatically turn off every 15 minutes, disrupting the ability to comfortably read), have been restricted or entirely removed. Additionally, computers once available at the SRTF level of care in our rooms were removed due to generalized concerns about ligature risks, despite the level of care warranting less restrictive measures. Further, online community interactions, including essential communication tools such as Facebook Messenger with family and friends, have been blocked.

Oregon State Hospital Policy 4.010 explicitly states, Section II(G) "Patients are not permitted to gamble. Stock market investment and trading is considered gambling for the purposes of this policy"

<https://www.oregon.gov/oha/OSH/Policies/4.010%20Patient%20Funds/4.010%20Patient%20Funds.pdf>

This restriction unjustly prevents patients from engaging in basic financial growth opportunities, such as investing in low-risk index funds, a practice widely accessible and beneficial for personal financial stability. Investment websites and educational resources

like TradingView.com, essential for learning technical analysis and potential vocational rehabilitation, have also been restricted, deepening digital isolation.

This policy is also inconsistent and inequitable, every single OSH administrator who authorized it actively participates in investing through their own state-managed retirement accounts.

This situation has forced me into increased reliance on as-needed medications, exacerbating side effects and reducing my overall quality of life. The resulting digital isolation has severed critical emotional support from my friends, intensifying my anxiety, depression, and sense of isolation.

Senate Bill 1114 represents a critical step toward addressing the disparities and constitutional issues inherent in current PSRB practices. Many individuals initially require PSRB jurisdiction, but it often extends disproportionately, resulting in severe consequences for those with mental disabilities, effectively punishing rather than rehabilitating them.

SB 1114 would adjust the standards governing PSRB jurisdiction length, thereby preventing unnecessary and prolonged confinement for individuals who have demonstrated sustained mental health recovery.

Thank you very much for your thoughtful consideration of my testimony. I respectfully urge your support for Senate Bill 1114, ensuring a fairer and more constitutionally sound approach for all individuals under PSRB jurisdiction.

Respectfully submitted,

Preston Berman