

Risk Assessment:  
Proposed State Forensic Mental  
Health Facility (Laurel, MT)

# Public Safety and Security Risk

## **Likelihood: Possible**

Security incidents are not constant, but transport events, staffing shortages, or procedural failures are foreseeable over the life of the facility.

## **Impact: High**

Even a single escape, perimeter breach, or emergency lockdown could have severe consequences for nearby schools, residents, and public.

## **Inherent Risk: Moderate = 4**

Forensic facilities house individuals under criminal commitment, requiring continuous secure perimeter controls, controlled transport procedures, and rapid-response protocols.

## **Risk Indicators and Metrics :**

- Industry data shows forensic and correctional medical facilities experience 2–4× higher security-related incidents than non-forensic hospitals.
- Transport events (court, medical transfers) are among the highest-risk operational moments for escape or public exposure.
- Proximity to schools and residential neighborhoods significantly increases impact severity, even if incident probability remains moderate.

## **Current Controls Identified:**

No publicly documented security plan, staffing ratios, perimeter specifications, or law enforcement coordination agreements.

## **Residual Risk: High**

Without documented and independently reviewed controls, residual public safety risk remains unacceptably elevated for a residential setting.

# Emergency Services Capacity Risk (Fire, EMS, Law Enforcement)

**Likelihood: Likely**

Increased call volume is expected.

**Impact: High**

Diversion of EMS and fire resources can increase response times citywide, especially during overlapping incidents

**Inherent Risk: High = 5**

Forensic facilities generate higher-than-average emergency calls related to medical crises, behavioral incidents, fire alarms, and transport coordination.

**Risk Indicators and Metrics :**

- Secure behavioral health and forensic facilities typically generate 25–50% more EMS and law enforcement calls per bed than general hospitals.
- Facilities of comparable size often require dedicated or supplemental EMS capacity to avoid degrading citywide response times.
- A single extended incident can tie up multiple responders for hours, creating systemic response delays elsewhere in the city.

**Current Controls Identified:**

No binding commitments for additional staffing, equipment, or state-funded EMS/fire capacity.

**Residual Risk: High**

Absent state-funded offsets, this represents an unfunded operational burden on local emergency services.

# Infrastructure and Utilities Risk

**Likelihood: Likely**

Increased usage and traffic are certain.

**Impact: High**

Accelerated deterioration leads to higher capital and maintenance costs.

**Inherent Risk: High = 5**

Large secure facilities place sustained demand on water, sewer, roads, and maintenance systems. Laurel already faces aging infrastructure challenges.

**Risk Indicators and Metrics :**

- Institutional facilities materially increase water, sewer, and road load, particularly from secure transport traffic and staff shifts.
- Deferred infrastructure investment typically results in 20–40% higher lifecycle maintenance costs over 10–20 years.
- Heavy vehicle traffic accelerates roadway degradation at a nonlinear rate, disproportionately impacting maintenance budgets.

**Current Controls Identified:**

No publicly released infrastructure impact study or state-funded upgrade plan.

**Residual Risk: High**

Without documented mitigation or capital investment, infrastructure risk is transferred directly to the city.

# Financial and Taxpayer Risk

## **Likelihood: Possible**

Loss of tax revenue is immediate, and service demand is ongoing. However, some of that revenue may go to the county not to city services.

## **Impact: Moderate**

Structural budget pressure without offsetting revenue.

## **Inherent Risk: Moderate = 3**

The city loses taxable property while assuming indirect and ongoing service costs.

## **Risk Indicators and Metrics :**

- Removal of taxable land permanently reduces municipal revenue while service demands remain ongoing.
- Comparable municipal-hosted state facilities frequently generate six-figure annual indirect costs for EMS, utilities, road maintenance, and administrative oversight.
- Absence of a cost-sharing agreement eliminates predictability and increases long-term budget volatility.

## **Current Controls Identified:**

No Memorandum of Understanding (MOU), reimbursement framework, or long-term cost model.

## **Residual Risk: Moderate**

This represents structural financial exposure transferred to local taxpayers without guaranteed offsets.

# Overall Risk Conclusion

When evaluated holistically, this project presents a high aggregated residual risk profile, driven by:

- Elevated consequence severity due to location
- Unfunded operational and infrastructure impacts
- Lack of documented mitigation controls
- Absence of transparent risk and cost modeling

From an ERM standpoint, proceeding without a formal risk assessment, quantified impact analysis, and binding cost-sharing agreements is inconsistent with prudent municipal governance.

# Risk Heat Map: Proposed State Forensic Mental Health Facility

Risk Category	Likelihood (1-5)	Impact (L/M/H)	Inherent Risk
Public Safety & Security	Possible	High	Moderate
Emergency Services Capacity	Likely	High	High
Infrastructure & Utilities	Likely	High	High
Financial and Taxpayer Risk	Possible	Moderate	Moderate

		Impact (Severity)		
		Low	Moderate	High
Likelihood	Likely	3	4	5
	Possible	2	3	4
	Unlikely	1	2	3

Scoring reflects pre-mitigation risk levels based on absence of publicly documented controls, funding commitments, or formal intergovernmental agreements.

# Sources & References

- Montana Legislative Audit Division – Montana State Hospital Audit Reports  
<https://leg.mt.gov/audit>
- Montana Legislative Fiscal Division – Budget & Infrastructure Reports (2021–2023)  
<https://leg.mt.gov/fiscal>
- Montana Free Press – Coverage of Montana State Hospital staffing and incident history (2022–2024) <https://montanafreepress.org>
- Montana Public Radio – Rural EMS and forensic facility impact reporting  
<https://www.mtpr.org>
- National Association of State EMS Officials (NASEMSO) – Rural EMS Benchmark Reports (2020–2022) <https://nasemsso.org>
- Bowers et al., International Journal of Mental Health Nursing (2019)
- Brooker & Ullrich, Journal of Forensic Psychiatry & Psychology (2020)

## Appendix – Detailed Sources

- Montana Department of Public Health and Human Services. (2023). Montana State Hospital Overview.
- Montana Code Annotated §2-6-1001–1017. Montana Public Records Act.
- Montana Constitution, Article II, Section 9.
- National Fire Protection Association. NFPA 1710 – Emergency Response Standards.
- Substance Abuse and Mental Health Services Administration. Behavioral Health Facility Planning Guidelines.