



**LIMITED-SCOPE AUDIT OF
THE OFFICE OF EMERGENCY MANAGEMENT**

**FOR THE PERIODS OF
JANUARY 1 - DECEMBER 31, 2021**

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Limited-Scope Audit of the Office of Emergency Management
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December 7, 2022

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EXECUTIVE SUMMARY

The Doña Ana County Office of Emergency Management (OEM) consists of the Emergency Manager, Deputy Emergency Manager, Emergency Coordinator, and an Administrative Assistant. At the time of this audit (11/30/2022) management was looking to hire an additional Emergency Coordinator. It is this office's mission to assist elected and senior government officials, first response agencies, and the general public 1) prepare for, 2) mitigate against, 3) respond to, and 4) recover from large-scale incidents and disasters through the restoration of community lifelines. More details about the department can be found by accessing the following link: [Emergency Management | Doña Ana County, NM \(donaanacounty.org\)](https://www.donaanacounty.org/emergency-management)

The Audit reviewed areas deemed to be at greater risk of internal control deficiencies, as well as areas of concern to OEM leadership. Herein, the Audit reviewed Emergency Support Functions (ESFs), grant administration (to include expense reimbursement packets), training and after-action reviews, policies and Standard Operating Procedures (SOPs), the Threat and Hazard Identification Risk Assessment (THIRA), and the establishment of advisory committees.

The most serious deficiency was not restricted to OEM, but pertains to departments within the county. Herein, OEM management indicated that not all departments had ESFs or annexes for the continuity of operations. The Continuity of Operations Plans (COOPs) in the form of annexes, allow for OEM staff to better facilitate the restoration of lifelines during and after emergencies. Each department and agency is expected to provide up-to-date annexes as applicable. A similar area of deficiency was the lack of updated emergency action plans and SOPs. While the THIRA is a work in process, evidence indicates that management is actively engaged in efforts to make and keep this information current. Finally, the Audit found the current lack of a suitable alternate Emergency Operations Center to be an unmitigated risk, of which management is aware and has plans to remedy in the near future.

AUDIT SCOPE & OBJECTIVES

The purpose of the audit is to review the OEM work processes (hazard preparation efforts) for adequacy and completeness, as they pertain to disaster mitigation, response, and recovery. This audit focused primarily on OEM activities for the period of January 1 – December 31, 2021 with the following objectives:

1. Determine the completeness of all-hazard emergency operations and response plans, disaster-mitigation, response, and recovery plans;
2. Review SOPs for existence and completeness;
3. Verify updates for the Threat and Hazard Identification Risk Assessment;
4. Review and analyze training received via records and class attendance, and;

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5. Assess grant compliance and recordkeeping.

OPERATING & INTERNAL CONTROL RISKS

This report contains no (0) High-Level risks, three (3) Moderate-Level risks, and one (1) Low-Level risk. This report also includes the auditor's Recommendations, Management Responses, and Auditor Comments (as applicable).

DETAIL OF AUDIT FINDINGS

Risk ratings are based on the use of professional judgment to assess the extent to which deficiencies could have an adverse effect on the performance of systems and controls of a process. More details about the risk rating in this report can be found by accessing this link: [Audit Risk Ratings | Doña Ana County, NM \(donaanacounty.org\)](https://donaanacounty.org/Audit-Risk-Ratings)

FINDINGS, RECOMMENDATIONS, MANAGEMENT RESPONSES, & AUDITOR COMMENTS

The evidence obtained as a result of interviews, observations, and reviews of the Office of Emergency Management SOPs, Regulatory Ordinances, Emergency Response Plans, and tests performed, provide a reasonable basis for the findings and conclusions below. While management responses are included within this report, the Audit takes no responsibility for the sufficiency of said responses, nor for the effective execution of corrective actions taken or to be taken by management. **NOTE:** Manager Responses below are written in *italics*.

1. **Outdated Policy & Plan. Moderate.**

A. Condition: While reading the Medical Reserve Corps of Southern New Mexico Policy & Procedures, the internal auditor noted that the policy is dated 2009, and contained a number of handwritten notes as updates. The document was also missing the Mission Statement, Vision and Goals.

Effect: Policy and procedures not only set standards for carrying out daily operations, they also chronicle pertinent job knowledge that could otherwise be lost when experienced staff retire from the County. While it is not practical to have written procedures for every task, well-written policies can greatly stem the learning curve of oncoming staff when it comes to the necessary steps taken when conducting certain tasks.

Criteria: Policies and procedures particular to a department/section and its job functions serve to preserve the knowledge of not only how to most efficiently and effectively perform job functions, but also set a standard by which such performance may be measured. Therefore, it is incumbent upon management to keep it current, reviewing it annually and making updates as necessary to address changing conditions.

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Cause: See "Management Response" below.

Recommendation: The Audit recommends that management take the necessary steps to officially update its Medical Reserve Corps of Southern New Mexico Policy & Procedures; the date of the updates should be included so that the reader knows that s/he has the latest version. In addition, policies should be reviewed at least annually to add, delete, or modify its data as necessary to keep it current and relevant.

Management's Response: *The guidance document for the SNM Medical Reserve Corps had been neglected by at least 2 different OEM administrations. The updating of the document is currently assigned to the Deputy Emergency Manager. A key issue is that the operation of the MRC unit was never done in conjunction with other County policies and procedures, and that is now taking place in coordination with Human Resources, Risk Management, and Legal. This coordination has slowed down the updating process, but is essential in ensuring proper operation of the unit. (The initial meeting was held on February 25, 2022. Subsequent meetings have been held, grants received to provide funding support, and the new onboarding portal is now in draft mode, with completion of all work expected prior to the end of FY 2023.)*

While the note regarding the importance of policies and procedures (in "Effect") is understood, the guiding document for the MRC unit is intended to guide unit management and will not, and should not ever, contain specific policies and procedures for deployed personnel. Such guidance (such as how to conduct COVID-19 testing or vaccinations) is very specific to the task(s) to be performed, and the location(s) they will be performed, and must be developed and provided specific to each operation. As was clearly demonstrated during the COVID-19 pandemic response, they might also be dictated by the requesting agency, such as the NM Department of Health.

B. Condition: Communications with the Emergency Manager and a review of the plan revealed that the current All-Hazard Emergency Operations Plan (AHEOP) has not received sufficient updates since 2011. All annexes (Emergency Support Functions) therein, with the exception of the Flood Annex, are at least a decade old.

Effect: If plans are not updated in a timely fashion, information therein can be less relevant or even contrary to the correct response(s) required to adequately address emergencies. This can lead to a lack of effective direction and control for emergency responses, ineffective use of resources, undefined roles and responsibilities, a lack of preparation of detailed emergency response procedures, and hampering the continuity of government operations.

Criteria: The AHEOP is a starting point for use by public departments and agencies of the County, participating agencies, charitable organizations, and private companies willing to assist in disaster management. The Basic Plan provides broad guidelines for emergency management, and the Annexes address specific response functions. As such, this plan works to maximize the survival of people, prevent and minimize injuries, and preserve property and resources within

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Doña Ana County. It is standard practice to update the AHEOP every 5 years, to keep it current. Per the AHEOP:

1. The Doña Ana County/City of Las Cruces Office of Emergency Management is responsible for updating and maintaining the AHEOP, in coordination with those departments, agencies, organizations, and other participating jurisdictions within the County that have been assigned emergency duties or responsibilities.
2. Each department, agency, organization, or participating jurisdiction within the County responsible for emergency functions outlined in the AHEOP will maintain a response strategy.
3. Some departments, agencies, and offices having Emergency Support Function (ESF) assignments are required to develop and maintain a current annex.

Cause: *The Office of Emergency Manager agrees that almost all of the Annexes are not current, and that the update to the Basic Plan in 2020 was not sufficient as it was done based on the assumption that Emergency Support Functions were a valid means of operating the County EOC. Recent disaster responses have demonstrated that the ESFs might work for the federal government (where they were derived), but they do fall apart during a multi-jurisdictional response at the local level. Instead of relying on the ESF structure, OEM has moved toward the Incident Support Model of Emergency Operations Center (EOC) structure, along with an emphasis of tasking based on Community Lifelines and potential cascading events. OEM has started working with key stakeholders on the conversion to the Community Lifeline model.*

Recommendation: It is recommended that Management take the necessary steps to update the AHEOP, as well as create a 5-year cycle for updates. In doing so, OEM management may take the initiative to alert departments and agencies of missing annexes, as necessary.

Management's Response: *In June 2022, OEM submitted a State Homeland Security Grant Program (SHSGP) application that included a request for funding to bring in a consultant to assist in the complete re-write of the AHEOP and annexes. OEM has also incorporated five plans and annexes with the highest priority into its strategic plan and presented them to County management in November 2022:*

- *Cyber-threat annex*
- *Mass Casualty & Mass Fatality Management*
- *Family Assistance Center Annex*
- *Flood Control/Dams Emergency Action Plans*
- *Pandemic Plan*

OEM was notified on December 22, 2022 that a grant request to address the Flood Control/Dams Emergency Action Plans was approved by the US Army Corps of Engineers, and work will

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start in 2023. The other plans have been assigned project leads, with a deadlines ranging from December 2023 to June 2024 for completion. These deadlines might be accelerated if the outside consultant grant request is approved.

2. **Lack of SOPs, Moderate.**

Condition: Interviews were conducted with OEM staff, revealing a lack of SOPs and/or updated SOPs to guide daily duties. While all Interviewees were able to explain their duties in detail, there remains a lack of written SOPs for their numerous job functions.

Effect: Standard Operating Procedures not only set standards for carrying out daily operations, they also chronicle pertinent job knowledge that could otherwise be lost when experienced staff retire from the County. While it is not practical to have written procedures for every task, well written policies can greatly stem the learning curve of oncoming staff when it comes to the necessary steps taken when conducting certain tasks.

Criteria: Standard Operating Procedures particular to a department/section and its job functions serve to preserve the knowledge of not only how to most efficiently and effectively perform job functions, but also set a standard by which such performance may be measured. Thus, it is incumbent upon management to keep SOPs current, reviewing them at least annually for updates.

Cause: *With the rebuilding of the OEM, some items have been given higher priority than others. SOPs related to daily activities have been given a low priority since employees know and understand their duties. Higher emphasis has been placed on high-consequence, low frequency activities like EOC activation roles and responsibilities.*

Recommendation: It is recommended that management ensure that each section has written procedures in the form of SOP guidance, for applicable duties/tasks. The amount of detail in each SOP may be based upon the risk level of the tasks at hand, as higher risks may dictate more detailed SOPs. In addition, SOPs should be reviewed at least annually to add, delete, or modify its data as necessary to keep it current and relevant.

Management's Response: *OEM will address daily task SOPs after the higher priority EOC activation roles and responsibilities are addressed and in place. OEM has already started working on the EOC guideline documents, using the North Central Texas models. Work is expected to be completed by the end of calendar year 2025.*

3. **No Alternate Emergency Operations Center, Moderate.**

Condition: Interviews conducted with the Emergency Manager indicated there is currently no alternate or cold site Emergency Operations Center (EOC) that is suitable for use in the event the primary site becomes inoperable or unavailable.

Effect: While a temporary site could be selected and utilized in the event of necessity, its suitability may be questionable without the proper preplanning.

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Criteria: Sound contingency planning and preparations dictate the availability of a suitable alternate EOC site.

Cause: *Having a backup EOC is important, but having a functional primary EOC is of higher importance. Emphasis and effort has been given to the development of a primary EOC that meets the current and future needs of the County.*

Recommendation: It is recommended that Management take measures to select an appropriate, alternate EOC; this should be made a priority.

Management's Response: *Upon completion of the efforts to establish an appropriate primary EOC, the OEM will dedicate the appropriate time, energy, and resources into the establishment of a backup EOC(s).*

Auditor Comment: The internal auditor agrees with management's setting of priorities. However, the internal auditor has a duty to bring attention to any shortcomings that are discovered and considered notable.

4. **Inconsistent Pre-Trip Safety Inspections. Low.**

Condition: Currently the OEM has five county vehicles. Communications with management revealed that vehicle users have not been filling out documentation for daily vehicle inspections.

Effect: Documentation serves to substantiate actions taken. When consistent recordkeeping is lacking, it may be difficult to verify that proper preventive maintenance checks and services were completed. In addition, conducting and recording such checks/inspections are required by the county.

Criteria: Per Human Resources Policies and Procedures 2-13. USE OF PUBLIC PROPERTY. J. Requirements for Users of County Vehicles

"Users of County vehicles shall conduct and record a pre-trip safety inspection on forms provided by the user's supervisor. Any safety problems noticed shall be reported immediately to the user's supervisor or the fleet manager..."

Cause: *Upon discussion with a number of County departments, especially those involved in emergency services, it is apparent that this section of the Policies & Procedures manual has been largely ignored, and wasn't even known to current OEM staff (who until 2021 reported to the Fire & Emergency Services Department).*

Recommendation: The Audit recommends that management provide and direct the use of checklists or inspection forms that are filled out by drivers each day before vehicle operation. If management does not currently have such lists/forms, the Fleet Department should have this available.

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