

Arizona Department of Emergency and Military Affairs and State Emergency Council

36-Month Followup of Sunset Review Report 22-114

The September 2022 Arizona Department of Emergency and Military Affairs (Department) and State Emergency Council performance audit and sunset review found that the Department helps coordinate emergency management efforts throughout the State but did not consistently develop and track corrective actions to address some emergency response deficiencies, impacting its ability to address these deficiencies during real-world emergency responses, and did not comply with some State conflict-of-interest requirements.¹ We made **16** recommendations to the Department, and its status in implementing the recommendations is as follows.

Department’s status in implementing 16 recommendations

| Implementation status | Number of recommendations |
|--|---------------------------|
|  Implemented | 2 recommendations |
|  In process | 2 recommendations |
|  Not yet applicable | 1 recommendation |
|  Not implemented | 11 recommendations |

¹ We did not have any recommendations to the State Emergency Council.

At the time of our initial followup, published in April 2024, the Department had not fully implemented any recommendations but was in the process of implementing 14 recommendations, had not implemented 1 recommendation, and 1 recommendation was not yet applicable. As of this followup, although the Department has fully implemented 2 recommendations and is in the process of implementing 2 recommendations, it has not sustained progress toward implementing the 11 other recommendations. According to the Department, resource constraints, staff turnover, and the Department not maintaining sufficient documentation of its implementation efforts have contributed to a lack of continued advancement of the recommendations and/or reduced the visibility of the actions it has taken to address the recommendations. We will continue to follow up at 6-month intervals with the Department on the status of those recommendations that have not yet been fully implemented.

Recommendations to the Department

Finding 1: Department did not develop corrective actions to address some emergency response deficiencies it identified and did not consistently track corrective action status and completion

1. The Department should develop, implement, and test corrective actions for deficiencies identified in after-action reports, or document why a corrective action for an identified deficiency cannot be developed, implemented, and/ or tested.

▶ Status: **Not implemented.**

As reported in our initial followup, the Department developed procedures that require the development, implementation, and testing of corrective actions to address deficiencies identified in after-action reports. The procedures identify who is responsible for developing and implementing corrective actions and updating a Department tracking spreadsheet to track status changes, including the time frames for doing so, consistent with FEMA guidance, as well as guidance on how to prioritize corrective actions for completion. However, as of October 2025, the Department's tracking spreadsheet for the development, implementation, and testing of corrective actions had not been updated since September 2024 and did not include all corrective actions identified in its after-action reports published in July 2023 and February 2024 related to exercises it conducted. We will further assess the Department's implementation of this recommendation during our next followup.

2. The Department should document and track status changes and completion of corrective actions identified in after-action reports.

▶ Status: **Not implemented.**

See explanation for Recommendation 1.

3. The Department should develop and/or update and implement policies and procedures for:

a. Requiring corrective actions to be developed within a specified time frame after the exercise or real-world event, consistent with Federal Emergency Management Agency (FEMA) guidance.

▶ Status: **Not implemented.**

As previously reported in our initial followup, the Department developed procedures for developing corrective actions within specified time frames, consistent with FEMA guidelines. However, despite multiple requests, the Department did not provide evidence that it developed corrective actions within those specified time frames.

b. Documenting and tracking corrective actions using its tracking spreadsheet, including guidance for who should update the tracking spreadsheet and time frames for doing so.

▶ Status: **Not implemented.**

See explanation for Recommendation 1.

c. Assigning priorities for corrective actions, including guidance for how priorities should be determined and how an assigned priority should dictate when the corrective action should be completed.

▶ Status: **Not implemented.**

As reported in our initial followup, the Department developed procedures that required Department staff to assign a priority level to each corrective action in the Department's tracking spreadsheet. However, our October 2025 review of the Department's tracking spreadsheet found that it:

- Had not been updated since September 2024 and thus did not include any corrective actions or associated priorities from the Department's after-action reports published in fiscal year 2025.
- Included only 1 of 7 corrective actions, including its assigned priority level, from the Department's after-action reports published in July 2023 and February 2024.
- Lacked assigned priority levels for some of the corrective actions it documented prior to September 2024, inconsistent with its procedures.

We will further assess the Department's implementation of this recommendation during our next followup.

- d. Holding improvement planning meetings as frequently as needed to ensure that the Department updates the status of corrective actions and monitors them until completion.

▶ Status: **Not implemented.**

As reported in our initial followup, the Department developed procedures requiring Department staff to hold 2 meetings annually to confirm the status of corrective action items and their implementation. The Department's procedures also require Department staff to update its tracking spreadsheet during the meetings. Although the Department reported it has met quarterly to monitor corrective actions, as previously discussed, the Department's tracking spreadsheet has not been updated since September 2024 and does not include all corrective actions identified in its after-action reports published in July 2023 and February 2024 related to exercises it conducted, indicating that the Department's tracking spreadsheet has not been updated during these meetings as required by Department procedures. We will further assess the Department's implementation of this recommendation during our next followup.

Finding 2: Department did not comply with some State conflict-of-interest requirements and its conflict-of-interest process was not fully aligned with recommended practices, increasing risk that employees and public officers had not disclosed substantial interests that might influence or could affect their official conduct

- 4. The Department should develop and/or update and implement conflict-of-interest policies and procedures for:

- a. Reminding employees at least annually to update their disclosure form when their circumstances change, including attesting that no conflicts exist, if applicable, consistent with recommended practices.

▶ Status: **Implementation in process.**

In July 2024, the Department developed written conflict-of-interest policies and procedures that include a requirement to send all employees an annual email in January of each year about conflict-of-interest requirements and to remind them to update their conflict-of-interest disclosure forms to reflect any changes in their circumstances, if applicable. However, the email the Department sent to its employees in January 2025 did not include any information related to conflicts of interest and, instead, reminded employees to update their outside employment disclosures, if applicable. We will further assess the Department's implementation of its policies and procedures during our next followup.

- b. Continuing to use a conflict-of-interest disclosure form that addresses both financial and decision-making conflicts of interest, including attesting that no conflicts exist, as applicable.

▶ Status: **Implemented at 36 months.**

The Department's conflict-of-interest policies and procedures that it developed in July 2024 require Department employees to complete a conflict-of-interest disclosure form that addresses both financial and decision-making conflicts of interest, including attesting that no conflicts exist, as applicable, at hire and as changes occur. Our review of a random sample of 10 of 26 Department employees hired between August 4, 2025 and October 27, 2025, found that all 10 employees completed the required conflict-of-interest disclosure form that addresses both financial and decision-making conflicts of interest and requires employees to attest that no conflicts exist, as applicable.

- c. Storing all substantial interest disclosures, including disclosure forms and meeting minutes, in a special file available for public inspection, as required by statute.

▶ Status: **Not implemented.**

The Department's conflict-of-interest policies and procedures that it developed in July 2024 require employees' signed disclosure forms to be filed in each employees' personnel file, and if there is a substantial interest disclosure the Department should store it in the special file. Although the Department created a substantial interest-disclosure tracker for monitoring and tracking substantial conflicts of interest that should be included in its special file, our review of the tracker found that some information such as the review date of the disclosure form, the result of the review, and the nature of substantial interest was incomplete. Additionally, disclosure forms for employees with substantial interests that were noted on the tracker were not stored in the Department's special file. We will further assess the Department's implementation of this recommendation during our next followup.

- 5. Provide periodic training on its conflict-of-interest requirements, process, and disclosure forms, including how the State's conflict-of-interest requirements relate to their unique programs, functions, or responsibilities and when to complete the supplemental form, consistent with recommended practices.

▶ Status: **Not implemented.**

As of October 2025, the Department does not provide employees with periodic training on its conflict-of-interest requirements, process, or disclosure forms. According to the Department's conflict-of-interest policies and procedures that it developed in July 2024, the Department provides staff with conflict-of-interest training only at hire. We will further assess the Department's implementation of this recommendation during our next followup.

Sunset Factor 2: The extent to which the Department has met its statutory objective and purpose and the efficiency with which it has operated.

6. The Department should develop and/or update and implement written policies and procedures that outline:

a. The specific steps staff should complete for reviewing and approving Emergency Management Performance Grant (EMPG) applications.

▶ Status: **Not implemented.**

As of August 2025, the Department had developed a draft guidance manual for the EMPG that outlines the allowable expenses that can be paid for with EMPG monies and other grant requirements. However, the Department's draft EMPG guidance manual does not outline specific steps that Department staff should complete for reviewing and approving EMPG applications or for completing supervisory reviews of EMPG applications. Additionally, although the Department's grant management system user guide outlines the general process to complete an application, it does not outline specific steps Department staff should complete for reviewing and approving EMPG applications or for completing supervisory reviews of EMPG applications. These deficiencies increase the risk that the Department approved EMPG awards for applicants that did not meet all requirements, which in turn could result in FEMA not reimbursing the Department for EMPG activities. We will further assess the Department's implementation of this recommendation during our next followup.

b. A supervisory review process for EMPG applications.

▶ Status: **Not implemented.**

See explanation for Recommendation 6a.

7. The Department should revise its EMPG application and checklist consistent with grant manual requirements, including requiring that application narratives include the scope of work and timelines.

▶ Status: **Implementation in process.**

As part of the Department's implementation of its electronic grants management system (see explanation for Recommendation 9), the Department has integrated its EMPG application and checklist into its grants management system. Although the Department's grants management system requires applicants to provide narratives that include the project's scope of work, it does not require applications to include a timeline of the proposed work, as required by the FEMA grant manual. We will further assess the Department's revisions to its EMPG application and checklist during our next followup.

8. The Department should train all relevant staff on the newly developed or updated policies, procedures, and checklist for reviewing and approving EMPG applications.

▶ Status: **Not yet applicable.**

As discussed in Recommendations 6a and 7, the Department has not yet finalized its policies, procedures, and checklist for reviewing and approving EMPG applications to include all elements of our recommendations. As such, this recommendation is not yet applicable, and we will further assess the Department's implementation of this recommendation during our next followup.

9. The Department should develop and implement a goal and time frame for adopting eCivis, or a similar grants management system, to manage the EMPG.

▶ Status: **Implemented at 36 months.**

As of October 2025, the Department had implemented an electronic grant management system to manage the fiscal years 2024 and 2025 EMPG and incorporated the use of this system into its draft EMPG guidance manual, including requiring applicants to apply for the EMPG and submit quarterly progress reports to the Department through the grant management system.

10. The Department should conduct a risk assessment of its IT systems and develop and implement a written action plan for the development and implementation of all Arizona State Enterprise Technology Office (ASET)-required IT security procedures, focusing on the highest priority IT security areas first. The action plan should include specific tasks and their estimated completion dates, assign staff responsibility for completing and overseeing completion of the task, and include a process for regularly reviewing and updating the plan based on its progress.

▶ Status: **Not implemented.**

During our initial followup, we found that the Department had conducted a risk assessment of its IT systems, documented in the form of an IT security plan that it published in September 2023. However, the Department has not made progress in developing a written action plan to develop and implement all Arizona Department of Homeland Security (AZDOHS) IT security policies since our initial followup in April 2024.

Specifically, the Department has not developed a written action plan for the development and implementation of all AZDOHS-required IT security procedures based on its risk assessment or developed or implemented any Department-specific IT security procedures for implementing these policies. Further, the Department has not updated its IT security plan to include specific tasks with their estimated completion dates or a process for regularly reviewing and updating the plan or assign staff responsibility for completing tasks, despite our April 2024 followup identifying these issues.

As of November 2025, the Department reported staffing shortages and limited resources have contributed to delays and that it was updating the plan to include specific tasks and their estimated completion dates, assign staff responsibility for completing and overseeing completion of the task, and include a process for regularly reviewing and updating the plan based on its progress. However, the Department did not provide a draft of the changes it reported it was making to its plan or an estimated time frame for completing these revisions. We will further assess the Department's implementation of this recommendation during our next followup.