COVID-19 Viewpoint

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Nonprofit Service Continuity and Responses in the Pandemic: Disruptions, Ambiguity, Innovation, and Challenges

Abstract: This Viewpoint essay examines the service delivery responses of nonprofit organizations that offer homeless support services amid the COVID-19 pandemic. Government mandates and severe human needs have forced nonprofits to adapt quickly. Literature reviews provide little information about how nonprofits should manage service continuity under pandemics. Data collected from websites and interviews with nonprofits executives provide an understanding of adaptations and innovations. The study uses a crisis response model—“Disruptions-Ambiguities-Innovations-Challenges” (DAIC)—to demonstrate how social service nonprofits are responding to challenges under COVID-19. Lessons learned are useful for scholars and practitioners to understand ways nonprofits have remained agile and innovative.

The COVID-19 pandemic has disrupted a wide range of social, political, and organizational processes. Political and administrative leaders experience difficulties in comprehending the magnitude of the damages of pandemics, particularly when closure is not in sight (Moon 2020; Van Dooren and Noordegraaf 2020). This pandemic is more than just a health crisis—it has had a ripple effect, impacting all dimensions of life. As the world responds to its threats, nonprofits are tasked with providing services for low-income, vulnerable, and disadvantaged communities while struggling themselves. Nonprofit organizations serving the poor have experienced dramatic increases in service demands while striving to maintain the safety and health of their staff and volunteers. Intense demand for services, coupled with compounding disruptions, requires adaptation. Amid the COVID-19 pandemic, nonprofit leaders face constantly changing circumstances—sometimes hourly—and are adjusting their service operations based on directives from all levels of government.

For this Viewpoint essay, we interviewed senior leaders in four nonprofit organizations serving the homeless in the North Texas area (Dallas–Fort Worth metropolitan region), and we report on their service delivery responses to the COVID-19 crisis. These four organizations are the major homeless-serving organizations in the Dallas–Fort Worth metro region. Their pre-pandemic operating budgets ranged in size between $6 million and $23 million. Except for one newly built shelter (2012), each organization has deep roots, serving the region since the 1970s and 1980s. Among the group is a faith-based nonprofit and a city-built shelter operated by a nonprofit organization. The City of Dallas has been active for decades in supporting and engaging the homeless-serving nonprofit community through cross-sector communications and collaborations. With strong political support from the mayor, it reorganized and established its own Office of Homeless Solutions in 2017. Since then, daily communications between the city and its community partners have existed. These communications have served to build trust and keep community partners well connected to the public health guidelines issued during the COVID-19 crisis.

Each of the four organizations in our study has adapted to meet higher demands for services in rapidly changing circumstances. There are substantial barriers for the homeless individuals they serve to likewise adapt. For the homeless, complying with practices recommended by public health experts, such as washing hands frequently, maintaining social distance, and avoiding touching potentially affected surfaces, is difficult. Although most homeless emergency shelters remain in service, supporting services such as food pantries, soup kitchens, and dining services have closed.

This essay considers how these homeless-serving nonprofit organizations are responding to challenges and continuing services under the conditions of COVID-19. Interviews with nonprofit executives at each agency offer direct, practice-oriented knowledge of the impacts of COVID-19 on their service delivery responses. The crisis has increased demand for these nonprofits’ services, and government mandates have
generated disruptions and created ambiguities. Containment and mitigation measures (such as social distancing and stay-at-home orders) disrupt service continuity. These nonprofit organizations are innovative, however, and are responding artfully to the crisis in pursuing their missions. Ambiguities such as how to exercise public health guidelines in engaging volunteers and interacting with clients are challenges, as are resource insufficiencies.

The knowledge gained from our interviews and website data is developed into a “Disruptions-Ambiguities-Innovations-Challenges” (DAIC) service continuity and response model. Figure 1 depicts each of the four dimensions of the model and allows for conditions presented in the COVID-19 crisis to be inserted.

The first dimension of the DAIC model is disruptions. COVID-19 has created disruptions to each of the organization’s services. While each has strived to continue mission-related critical services to the homeless, public health guidelines have halted some services. The second dimension in the model depicts ambiguities, such as how to provide services under public health guidelines. As shown in the figure, public health guidelines added ambiguity (+), while daily communications reduced ambiguity (−). The innovations and challenges areas show how the organizations are responding.

The outer black line in figure 1 is an information loop feeding back into the mission/goals area. Together, the components in the DAIC model demonstrate the conditions under which the organizations’ service continuity exists in the early stages of the pandemic. Although all are mission-driven organizations, COVID-19’s disruptions have affected them, created ambiguities, required innovations to serve, and presented challenges to pursuing existing and newly created goals. The DAIC model is a flowchart that can be used by scholars and practitioners to document and visualize the initial disruptions of a crisis and to understand resulting service delivery responses. The model can also be used by nonprofit practitioners to frame their own experiences and responses amid COVID-19 and can serve as a tool for communication and evaluation.

Nonprofit Service Continuity and Responses under Conditions of Crisis

Although definitions, typologies of crises, and various management approaches are discussed in the literature (Boin 2005; Boin, ’t Hart, McConnell and Preston, 2008, 2010; McGuire and Schneck 2010; McConnell and Preston, 2008, 2010; McGuire and Schneck 2010; Christensen and Lægreid 2007; Egeberg 2012; March and Olsen 1975; Stern 1997). Fewer studies discuss the unplanned, pervasive, and dramatic circumstances presented by a pandemic like COVID-19. Pandemics defy routine planning strategies and require extraordinary adaptations and innovations. It may be difficult or impossible to plan for or sustain effective collaborations or respond to excessive service demands when existing routines, staffing, and technologies are disrupted. More research is needed to learn how nonprofits can adapt and sustain mission-related activities under conditions of high uncertainty and anxiety.

Methodology

Our sample includes four nonprofit agencies that serve the homeless in the Dallas–Fort Worth area of North Texas. It is estimated that there are 3,722 homeless individuals and families in Dallas County (Point in Time Count 2019, U.S. Department of Housing and Urban Development). For each organization, we reviewed their websites and social media communications to learn about disruptions in their services and postings that provided information about COVID-19. We also conducted interviews with a high-level leader such as the executive director in each of the nonprofits to learn about the effects of COVID-19 on their organizations and responses. (The interview questions are available upon request). Zoom or telephone interviews each lasted 30–40 minutes.
Disruption to Nonprofit Organizations, Mission, and Service Continuity

The COVID-19 pandemic has created disruptions to nonprofits’ normal operating procedures for service continuity. The rapid spread of the virus and alarming death counts affected services at hospitals and in emergency rooms where the homeless seek medical attention. Given these increased pressures on patient care and on health care systems, in the North Texas region, and consistent with public health guidelines, Dallas and Tarrant Counties mandated orders of sheltering in place, social distancing of no less than 6 feet, and the closure of nonessential businesses.

The interviews showed that all four nonprofit organizations wanted to keep their mission focus and provide uninterrupted services, yet all faced disruptions. None of the organizations had an immediate response strategy plan in place. All reported an increase in demand for services as a result of rapid unemployment, altered relationships with clients, and changed volunteer interactions with clients that were affected by public health guidelines.

Nonprofit 1 is a Dallas-area homeless shelter with the mission of providing emergency rapid rehousing. Because of the lack of an infectious disease plan, the nonprofit had no immediate strategy to respond to the scope of the disruptions. The social distancing order resulted in a reduction in services, from helping 400 individuals daily to 250. The shelter-in-place rule also halted continuation of mission-specific services such as case management to move individuals into permanent housing solutions. Instead, staff provided support for the operation of a 24/7 shelter service.

Nonprofit 2 is a Dallas metro area nonprofit with a mission of leading vulnerable individuals and families to self-sufficiency and independence and to prevent homelessness. A government mandate to close nonessential businesses increased demand for services and affected service continuity. Business closures led to an estimated loss of 1.3 million jobs in Texas in April 2020 (Texas Workforce Commission 2020), with approximately 354,500 layoffs occurring in the Dallas–Fort Worth area. Within a day of the mandated closures, many laid-off workers were looking for assistance with rent and food. The social distancing order also affected service delivery. Although the organization has prided itself on relationship building to provide high-quality individualized responses, during the pandemic those responses changed to serving individuals on an “emergency-only” basis.

Nonprofit 3’s mission is a housing-first approach to homelessness by placing individuals in housing and responding to rapid rehousing needs. It provides case management services and food pantry support for families to maintain housing, but social distancing has impeded its ability to interact with clients. Transitioning case management services to virtual platforms was not viable because its clients are typically unsheltered and lack access to technology. Social distancing also required clients to visit the food pantry by car. Volunteers were able to provide food to a limited number of walk-up clients but had to use quick service without interactions.

The mission of Nonprofit 4 is to shelter individuals experiencing emergency homelessness, provide recovery support programs, and move individuals toward permanent rehousing. It had to reduce the number of day and night shelter guests from 600 to 250 to comply with social distancing requirements, and it stopped offering some services essential to its mission of recovery. The volunteer and partner-based narcotics and alcoholism recovery programs used activities such as art classes as therapies. These therapies and kennel boarding services for animals deemed critical to recovery were put on hold. Partner agencies could not provide on-site services at Nonprofit 4’s campus because of social distancing, which reduced staff and volunteer capacity. The fear of spreading the COVID-19 virus severely limited its ability to provide the supports necessary for the treatment of long-term recovery.

Ambiguity Generated by the COVID-19 Pandemic

We use ambiguity to describe the mediating factor resulting from the disruptions created by COVID-19 (such as public health guidelines and local government mandates) to the responses of nonprofits’ service continuity. Van Stralen (2015) describes ambiguity as creating conditions whereby “multiple reasonable explanations” exist for an event. Overlapping and rapidly changing policies create ambiguities as knowledge becomes fleeting and what is “reasonable” is defined, redefined, or unclear. These organizations did not have pandemic plans to respond to COVID-19 or a set of “best practices.” The rapid influx of ambiguities created by newly devised public health guidelines, government mandates, conflicting media reports, and a lack of hard data created obstacles for decision makers as they grappled with understanding how to provide services and respond effectively (Van Dooren and Noordegraaf 2020).

Ambiguities placed critical limitations on how staff could attend to mission activities in Nonprofit 1. Volunteer outreach was curtailed because of the shelter-in-place mandate. Case management was suspended as staff were rerouted to support the organization’s 24/7 shelter operations. The organization is without answers for how to prepare individuals for moving into homes when the mandates are lifted. County and local governments did not provide clear directions on how to comply with the mandates in a shelter facility further complicating an already ambiguous and hectic process of retooling operations.

Ambiguities have affected Nonprofit 2, resulting in the organization creating “band-aid” solutions that focused primarily on tracking outputs—numbers served. It described its COVID-19 approach as a “Red Cross model” of emergency response rather than a comprehensive approach to helping clients into self-sufficiency.

The major ambiguities identified by Nonprofit 3 were “how long will this (COVID-19) last?” and “When will ‘normal’ return?” Severe layoffs in the area resulted in a client base that was vastly expanded, with people needing immediate food and housing services. Private dollars poured into the organization from local foundations, area celebrities, and residents. However, the organization wondered, “how long will the attention and ultimately the financial support last?” Ambiguities also exist about sustaining its own workforce, although it has applied for federal emergency aid. A final ambiguity involves applying to multiple agencies for funding to support clients. Among these are emergency mortgage payment relief and rental assistance administered by the federal Office of Community Care and the Housing and Community Development Department. An additional application
must go through the U.S. Department of Housing and Urban Development’s Emergency Solutions Grant funds, a program of the Coronavirus Aid, Relief and Economic Security (CARES) Act, which the city will administer.

The federal housing funds will provide relief for the clients living in Nonprofit 3’s housing. However, the nonprofit organization wonders if it will be required to provide a financial match to access the federal relief funds, a requirement that would have substantial budgetary impacts and as of this writing was still unknown.

A critical ambiguity for Nonprofit 4 relates to contact tracing for individuals within the shelter system. In early April, none of its clients had tested positive for COVID-19, yet an area faith-based shelter (which tends to separate itself from others in the community) reported that 38 individuals it sheltered had tested positive for COVID-19 (Liou 2020). Without contact tracing, those with the virus may enter other points in the broader shelter system and spread the disease. The organization respondent noted, “the city is communicating daily with us to help address this issue.” An encampment solution for individuals to tent in place was under discussion, but there are limitations for Nonprofit 4 to safely provide outreach services. Ambiguity in the abilities of the city to keep employees safe without protective barriers or adequate personal protective equipment also remained unanswered questions affecting this organization’s efforts. These ambiguities resulted from public health guidelines and government mandates that lacked direction for how the shelter system could operate safely.

Questions of “how” permeate the conditions affecting each of the nonprofits we interviewed. “How” to institute effective contact tracing, “how” to engage nonprofit workers and volunteers in service delivery, “how” to secure and maintain fundraising amid increased service demands, and “how” to keep employees and volunteers safe? These ambiguities preclude easy to identify solutions. Yet each nonprofit, despite significant disruptions and ambiguities, has continued to provide mission-critical services using innovations and courage.

**Innovations, Challenges, and Service Delivery Responses**

The nonprofit sector is known for its ability to innovate and respond quickly to community needs. In this section, we report on the **innovative and creative** responses these four nonprofits are using to manage the disruptions and ambiguities affecting their service continuity. These innovations are aligned with challenges because of the uncertainties of COVID-19 and with the ambiguities created by the disruptions.

Our review of the four nonprofit organizations’ web and social media communications shows that each put out immediate “calls to action” seeking emergency donor support. Letters from executive directors were prominently located on home pages indicating the impacts of COVID-19 on the organization’s operations as early as mid-March. These letters described plans to reduce or eliminate the use of volunteers (to comply with public health guidelines), and each presented an urgent plea for financial support. Sustaining resources and fundraising will be challenges in the long term as COVID-19 induces economic downturns. Table 1 provides a brief description of each nonprofit organization’s innovative responses to COVID-19 and the aligned challenges.

Nonprofit 1 took a two-pronged response approach to use the city’s supply of hotel rooms to house the homeless. Working with city leaders, the healthiest individuals were moved to hotels to help support a quick transition when rapid housing becomes available for placement into permanent housing. Two innovative responses included (1) finding individuals that meet the city criteria of “healthy” and moving them to the city’s hotels (city funded); and (2) paying directly for the occupation of private hotel rooms for the most vulnerable (nonprofit funded). Nonprofit 1 faces a challenge with the ongoing provision of food and supplies at the hotels. All individuals housed in hotels are on a long wait list for Meals on Wheels. Because of the lack of restaurants near the hotels, the organization’s staff is delivering meals and supplies daily.

Nonprofit 2 has changed the way it carries out its case management services. The number of families waiting for services rose by more than 100 percent during March and April. To try to meet these increased demands and to comply with public health guidelines, it created a “tele” social work process and posted forms online to help individuals complete the forms over the phone. The case managers set appointments by telephone, thus allowing social workers to safely interact with clients and to continue case management.

| Disruptions | Nonprofit 1 | Nonprofit 2 | Nonprofit 3 | Nonprofit 4 |
|-------------|-------------|-------------|-------------|-------------|
| Social distancing mandate requires reduction of services from 400 to 250 homeless individuals | Nonessential business closure creates substantial increase in need for services | Social distancing mandate impedes ability to provide personalized responses | Partners and volunteers unable to provide recovery support services for homeless individuals |
| Ambiguities | Efforts to support shelter-in-place operations over housing placement | Provide emergency response to individual needs over long-term assistance toward self-sufficiency | Unclear how long the current wave of media attention and resulting charitable funding support will continue | Unable to provide effective outreach services to those still unable to shelter |
| Innovations | Two-pronged hotel occupancy response | Tele–social work response to case management | Self-quarantining protective barriers in vehicles | Equal partner with city on provision of professional staff to convention center shelter location |
| Challenges | Location of hotels requires daily delivery of food and services by shelter | Emergency response approach does not address long-term goal for individuals to remain housed and fed | Limited by drivers able to provide trips and constrained by inherit risks of driver catching COVID-19 | Must provide services to scale in convention center without access to additional supports and programs |

Note: Only primary disruptions, ambiguities, innovations, and challenges are listed.
services. Nonprofit 2 also faces challenges with its emergency response approach. Case managers abbreviate calls to move quickly through waiting lists and only respond to emergency needs. They have not been able to provide clients with long-term assistance to ensure that individuals stay housed and fed.

To be tested for COVID-19, the Dallas area set up drive-up testing centers and required those to be tested to remain in their car. Such protocols are not realistic for the homeless and others without a vehicle. Since personal transportation was not an option for Nonprofit 3’s clients, to overcome this constraint, it rigged its van, following the Centers for Disease Control and Prevention, guidelines and created a plastic barrier separating the driver and passenger. The driver replaces the plastic after each trip. The passenger sits in the last bench in the van to allow for a 6-foot separation. The services of Uber and Lyft also helped clients in need of testing. Nonprofit 3 faces challenges with this response because of the limited number of drivers available and the risk inherent in protecting the drivers from COVID-19.

Nonprofit 4 is well connected to the city in the response efforts to control the virus’s spread and considers itself an equal partner in its daily conversations with the city. In fact, it was Nonprofit 4’s recommendation to the city to open the Kay Bailey Hutchison Convention Center to serve as an emergency shelter because it knew it could not maintain its current shelter capacity because of the social distancing mandate. The city could not recruit and train its own workforce to staff the convention center shelter, and Nonprofit 4 provided the professional staff needed for its temporary operation. The city paid the overtime wages for these workers. However, Nonprofit 4 indicated that staffing is a critical challenge to bringing the convention center shelter to scale without access to recovery support systems. Staffing is a critical issue because of the restricted use of volunteers in shelter services. Our interviewee expressed concern that staff may not want to work overtime for fear of catching COVID-19. This is understandable given the rapid spread of the disease and a natural reluctance for anyone to seek additional possibilities for exposure to the virus (whether during regularly scheduled hours or those paid at overtime).

**Practical Insights and Lessons Learned**

The COVID-19 pandemic has not been a typical or routine emergency, and there is a possibility that it could be a seasonal crisis or sustained for some time. The pandemic did not offer time for nonprofits to prepare or mitigate using existing strategies or plans to eliminate ambiguity. Our research shows that, nonetheless, they have persevered, and there are academic and practitioner-oriented lessons to be learned from their experiences.

First, in this Viewpoint essay, we learned about the disruptions associated with COVID-19 and the ambiguities in the Dallas-area homeless shelter system. We presented challenges that the nonprofits faced in maintaining service continuity and identified several innovative responses to those challenges. Consistent across all four organizations were logistical obstacles to overcome, safety concerns for staff and clients, rising service demands, and increased financial need. The desire to continue serving their communities and to cooperate with public health guidelines was also demonstrated by all four nonprofits. It is possible that these outcomes are part and parcel of a context that includes a history of service continuity, mutual trust, and a spirit of cooperation. Lacking these, the homeless communities in other urban areas may not experience the same outcomes.

The DAIC nonprofit service continuity and response model (figure 1) is constructed based on firsthand knowledge learned in interviews with nonprofit leaders working at the forefront of the pandemic. The model can be used by practitioners as an instrument to document and examine their initial interpretations and reactions during a disruptive event, whether it be the ongoing COVID-19 pandemic or another crisis. Used with a rubric, it can provide a means of assessing disruptions and ambiguity and analyzing and evaluating service responses to adapt to challenges.

For academics, the model offers a visual for understanding this “single point in time” set of disruptions that are occurring during the COVID 19 pandemic in a large urban area in the United States, along with the ambiguities, innovations and responses. The model is a flowchart of what is occurring during the initial stage of the COVID 19 pandemic, but its utility extends beyond that contribution. Figure 1 depicts the “hit by surprise” point in time created by the pandemic, but in a separate phase of investigation (e.g., on a different timeline), the model can also be useful. As noted, this study examined responses in phase 1 of the pandemic (characterized by crisis), but as the government planned phases for reopening the economy (phase 2, limited reopenings, and phase 3, relaxed government operating standards and a majority of businesses resuming operations) unfold, we will be able to use the DAIC model to more fully examine nonprofit service responses for the homeless over time. We will also be able to more closely consider the roles of the government partners in the homeless shelter system. Examining the factors affecting nonprofit and government innovations across a larger sample of cities using the DAIC model is also planned.

The dimensions of the model may be reordered to create other interesting areas for investigation. Agency decision-making processes could be conceptualized by reordering the dimensions of the model from DAIC to ACID—ambiguities, challenges, innovations, and disruptions. In this example, the model begins with ambiguity (e.g., which programs will need to be expanded or curtailed?), innovations (e.g., leasing land for an encampment, or Which of our partners can help us with social media?), and, disruptions (e.g., homeless children are in need of remote education in our shelter). What is learned feeds back into the responses and into the mission and goals area. Thus, the four dimensions in the model are both explanatory and can be reordered based on event, time, and unique circumstances. And, although the activities and roles of nonprofits and governments vary in other countries, we believe the model may be used in a wide range of circumstances.

Second, our article offers useful insight about nonprofit and government coordination and collaboration including:

- **Organizational history helps create stability.** Although the pandemic was new, collectively, the four nonprofits we investigated have established a long history of serving their communities. They have familiarity with the individuals they
serve and experience in offering needed services. This provides a stable foundation from which to adapt and innovate in responding to government mandates or other disruptions and to continue to provide for their clients’ needs.

- **Overcommunication reduces ambiguity.** The ongoing daily communication led by the city with the homeless shelter system supported the dissemination of information and reduced its ambiguity. These communications helped shelters translate the practical application of public health guidelines and provided information about the homeless populations’ needs and coordination of service responses. These findings illustrate the importance of building continual communications and fostering mutual respect.

- **Disruption does not mean distraction.** All four organizations kept an eye on their mission. They persevered early in the pandemic, adapted, and responded to community needs without the luxury of reliable information. The organizations chose to act even knowing that they could not anticipate all the needs or offer all their usual services.

We acknowledge that this study relies on reviews of websites and interviews with officials in only a few nonprofit organizations in one metroplex area. The nonprofits presented here engage in service provision to only the most vulnerable of populations. However, there is value in the knowledge generated by what we learned from these of local nonprofits. There will be more lessons to be learned in future inquiries conducted over time and in the United States and globally. No one knows whether COVID-19 will spike again in the fall and winter, but there is no doubt that nonprofits’ service continuity will be needed to provide services. This is a fact that permeates at any phase of the COVID-19 pandemic or would exist in any other crisis event. Acknowledging these organizations’ realities now, and in the future, can help provide information useful for investigating, anticipating and addressing future calamities.

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