




November 19, 2020

**TO:** Honorable Mayor and City Council

**FROM:** Edward C. Starr, City Manager 

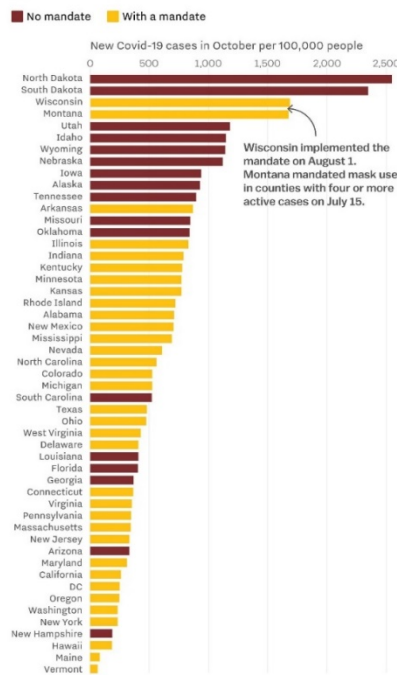
**SUBJECT:** CITY MANAGER’S WEEKLY REPORT: November 9 – 19, 2020

OFFICE OF THE CITY MANAGER

- North Dakota is one of several states that does not require the wearing of face masks during the COVID-19 pandemic. The state has also recorded [146 coronavirus cases per 100,000 population](#)<sup>1</sup> as of November 2, 2020, the highest per capita rate of any state in the nation according to the Centers for Disease Control and Prevention (CDC). As indicated in Chart 1, below, the CDC reports that eight of the top 10 states that saw the highest number of new coronavirus cases per capita in October 2020 do not have a mask mandate.

**Chart 1**

**Several states without mask mandates saw big increases of Covid-19 cases in October**



Case counts through October 29. Source: Covid Tracking Project case and state policy data



<sup>1</sup> [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)

The different state-level approaches (i.e., some jurisdictions implemented and [enforced](#)<sup>2</sup> mask mandates while others rejected them) have provided researchers with a "laboratory" to study the results of different mask policies.

As coronavirus cases and COVID-19 hospitalizations rise throughout the nation, now topping more than 120,000 new cases each day, new research from Kansas and Tennessee suggests that not only do mask mandates prevent COVID-19 spread, they may also blunt the severity of illness and reduce the number of serious cases that require hospitalization. Other findings support the argument that more and more public health experts are making: **face masks remain among our cheapest most effective tools to control the pandemic — if worn consistently.**

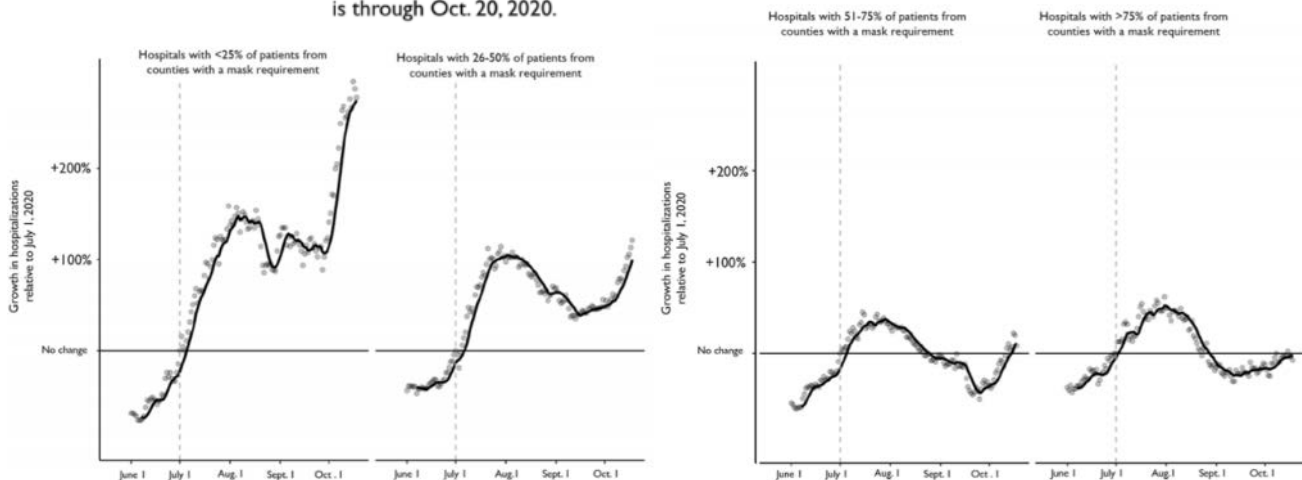
The Kansas study shows that mask mandates reduce new-case numbers, and the Tennessee study shows they prevent hospitalizations.

**The Tennessee [study](#)**<sup>3</sup>, conducted by Vanderbilt University, compared hospitalizations from counties with mask requirements and those without. Tennessee has left mask mandates up to county governments. An estimated 54% of Tennesseans are under a county mask requirement, while 31% never faced one and 15% have seen their local requirement dropped since summer.

As indicated in **Chart 2**, below, the study found that in hospitals where at least 75 percent of patients came from counties that were subject to a local mask requirement, COVID-19 hospitalizations were at about the same level in October 2020 as they were on July 1, 2020.

### Chart 2

The chart below shows the growth in hospitalizations by hospital type, based on the percentage of patients they treat from counties with mask requirements. Data is through Oct. 20, 2020.



(Vanderbilt University chart)

<https://hoptownchronicle.org/wp-content/uploads/2020/11/VandyCVstudy-1.png>

<sup>2</sup> <https://www.vox.com/2020/8/4/21354325/coronavirus-face-mask-mandate-enforcement>

<sup>3</sup> [https://www.vumc.org/health-policy/sites/default/files/public\\_files/Vanderbilt%20COVID19%20Report-Oct%202027.pdf?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=newsletter\\_axiosvitals&stream=top](https://www.vumc.org/health-policy/sites/default/files/public_files/Vanderbilt%20COVID19%20Report-Oct%202027.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top)

In hospitals where fewer than 25% of COVID-19 patients were subject to a mask mandate, hospitalizations were more than 200% higher than their July 1 levels. Researchers note, however, that masking is not a “silver bullet” — since early October nearly every region of the state has seen a growth in hospitalizations.

The study emphasizes, however, that growth has been most dramatic in hospitals that draw a large percentage of patients from areas without mask requirements. Further, it says that “flattening” of the hospitalization curve is what public health authorities mean when they discuss the role of behavior change and non-pharmaceutical interventions in limiting the impact of COVID-19 on the health care sector until new therapeutics and a vaccine are available. The report concludes that face masks slow spread of the virus, and hospitals in areas with mask requirements and other mitigation strategies are in a much better position to serve the entire spectrum of community health needs, not just COVID-19 patients.

Following release of the Vanderbilt University study, several Tennessee counties without mask mandates have begun reinstating mask requirements.

**The Kansas study**, conducted by the University of Kansas Institute for Policy and Social Research, also [found](#)<sup>4</sup> that masks work to slow the spread of the virus. In July 2020, the Kansas governor [issued a mandate](#)<sup>5</sup> requiring everyone in public places to wear a mask where 6 feet of social distancing couldn’t be maintained. The order prompted an [immediate outcry](#)<sup>6</sup>, and was reversed by a state law that allowed counties to opt out of the order — 81 out of 105 counties in Kansas opted out of the mask mandate altogether, and only 21 counties decided to enforce it.

The Kansas study compared the seven–day rolling average of daily cases in counties that did not opt out of the statewide mask mandate with counties that did. Data for the study was collected between March and October 2020.

As indicated in **Chart 3**, on the next page, researchers found that counties with a mask mandate saw a decrease in virus cases starting 14 days after the mandate, and their case numbers have remained on a rough plateau. The counties that opted out of the mandate have seen a steady increase of cases; and in September, those counties started seeing higher rates compared to counties with a mask mandate. In counties without mandates, even after controlling for how often people left their homes, the positivity rate [doubled](#)<sup>7</sup>.

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<sup>4</sup><https://www.kansas.com/news/coronavirus/article246781727.html?fbclid=IwAR0HwRpUzXXYsbSbfMtqaEO9r8D8U0bMACFwJA4CPY4xLozdJSCrluSki10>

<sup>5</sup><https://governor.kansas.gov/wp-content/uploads/2020/07/20200702093130003.pdf>

<sup>6</sup><https://account.kansas.com/paywall/registration?resume=243905637>

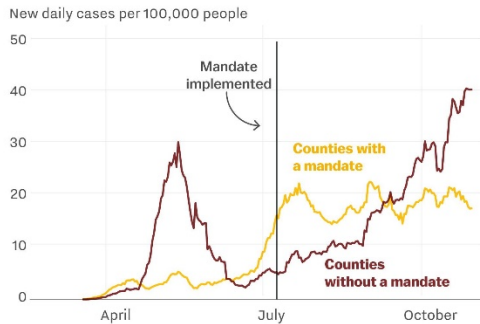
<sup>7</sup>[https://ipsr.ku.edu/covid19/images/Mask\\_Mandate\\_forJoCo.pdf](https://ipsr.ku.edu/covid19/images/Mask_Mandate_forJoCo.pdf)

The Kansas study found a 50% reduction in the spread of COVID–19 in counties that had a mask mandate compared to those without, according to the [Institute's Director](#)<sup>8</sup>. The 50% reduction in cases is likely to be a reflection of actual practice as it relates to wearing face coverings. If 100 percent compliance had been achieved, researchers expect that the effect would have been significantly larger.

**Chart 3**

**Case counts stabilized in Kansas counties that implemented a mask mandate**

Without a statewide mandate, 21 Kansas counties implemented a mandate while the others opted out. Here is what happened next:



Source: Carlos Zambrana and Donna K. Ginther, University of Kansas



Other researchers have made similar findings regarding the wearing of face masks. A nonprofit group called Prevent Epidemics recently published a [report](#)<sup>9</sup> showing that, following mask mandates, coronavirus cases declined in Alabama, Oklahoma, South Carolina, and Texas. The [CDC found](#)<sup>10</sup> that in Arizona, after a mask mandate was put in place, COVID–19 cases dropped 75 percent. Conversely, cases spiked 151 percent when stay–at–home orders were lifted, demonstrating that behavior has a significant impact on viral transmission.

Even if they aren't always followed, mask mandates appear to be an effective tool in encouraging behavioral change. The Institute for Health Metrics and Evaluation (IHME) at the University of Washington [found](#)<sup>11</sup> in August that mask use increased 8 percentage points after mask mandates, and increased 15 points if those mandates were enforced.

Only around 65 percent of Americans currently wear masks on a routine basis, according to [IHME](#)<sup>12</sup>. For comparison, in Singapore an estimated [95 percent](#)<sup>12</sup> of people wear masks, and they have one of the [world's lowest](#)<sup>13</sup> coronavirus death rates.

<sup>8</sup> [https://mediahub.ku.edu/media/Masks/1\\_49bb9aid?campaign\\_id=154&emc=edit\\_cb\\_20201026&instance\\_id=23509&nl=coronavirus-briefing](https://mediahub.ku.edu/media/Masks/1_49bb9aid?campaign_id=154&emc=edit_cb_20201026&instance_id=23509&nl=coronavirus-briefing)

<sup>9</sup> <https://preventepidemics.org/covid19/science/weekly-science-review/october-3-9/>

<sup>10</sup> <https://www.cdc.gov/mmwr/volumes/69/wr/mm6940e3.htm>

<sup>11</sup> [https://www.healthdata.org/sites/default/files/files/Projects/COVID/covid\\_briefing\\_USA\\_081020-1\\_0.pdf](https://www.healthdata.org/sites/default/files/files/Projects/COVID/covid_briefing_USA_081020-1_0.pdf)

<sup>12</sup> <http://www.healthdata.org/acting-data/maps-mask-use>

<sup>13</sup> <https://www.reuters.com/article/health-coronavirus-singapore-explainer/why-is-singapores-covid-19-death-rate-the-worlds-lowest-idUSKBN2680TF>

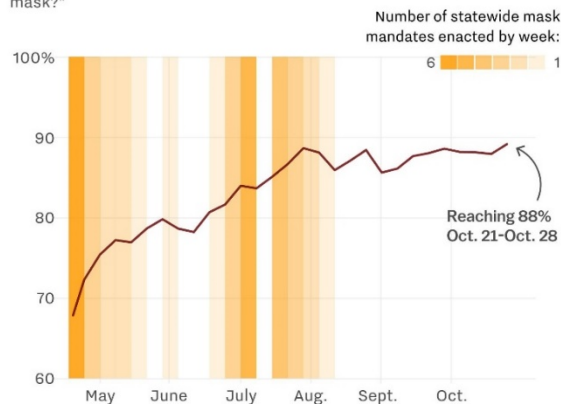
Thirty-two states and Washington, DC, implemented statewide mask mandates between April and August. As indicated in **Chart 4**, below, during the same period, an increasing number of Americans began to wear masks regularly, according to a weekly survey started in mid-April by the data intelligence company Premise.

There is one caveat to the analyses discussed above: The studies observe behavior, which means that they can demonstrate associations — like case counts falling after mask mandates are put in place — but not causation. The standard to prove causation would be a randomized controlled trial, which would be difficult to design and conduct during a pandemic due to ethical concerns.

**Chart 4**

**Masks have gradually become the norm**

The share of Americans who answered “always” and “sometimes” to the survey question, “When you leave home, do you typically wear a mask?”



Source: Premise Covid-19 Global Impact Survey, April 17-October 28



Even without randomized trials, public health policy experts generally agree that the body of evidence confirms what public health experts have known since early on in this pandemic: FACE MASKS WORK. A [study<sup>14</sup>](https://www.nature.com/articles/s41591-020-1132-9) published October 23 in *Nature Medicine* by the IHME found that universal mask wearing use could save as many as 130,000 lives by the end of February 2021.

Vox, an American news website, analyzed the relationship between the frequency of wearing masks from the Premise survey data and the COVID-19 cases in states from April to October. In states with face mask mandates where cases surged in the spring, more people now wear masks. These states are now less likely to see another huge surge in cases.

<sup>14</sup> <https://www.nature.com/articles/s41591-020-1132-9>

Even though mask use has risen in many states, the nation as a whole is on a troubling trajectory, with new daily cases, hospitalizations, and deaths [all on the rise](#)<sup>15</sup>. The upcoming holidays are likely to be a very troubling time for the nation's coronavirus positivity rate. Will Americans limit their interactions with friends and non-household family members during the holidays? Will they wear face masks while they visit? Or will they ignore the public health recommendations and risk further increases in the nation's daily new cases? IHME models predict that if some US states increased their face mask use from this point on, they could reduce the number of future COVID-19 deaths by about [50 percent](#)<sup>16</sup>.

Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases, recently [told the editor-in-chief](#)<sup>17</sup> of *The Journal of the American Medical Association* that wearing a face mask is the flagship for prevention of virus transmission.

Rather than thinking about a face mask mandate as something that takes away a freedom, public health officials suggest Americans look at the mandates from a different perspective: Mask-wearing allows Americans to do things by keeping transmission low and allowing businesses and schools to stay open.

- Last Friday, the California Department of Health [issued a travel advisory](#)<sup>18</sup> amid a steep rise in coronavirus cases, hospitalizations, and deaths. The announcement came after California surpassed one million cases. The states of Oregon and Washington also issued travel advisories Friday.

According to the Advisory, the incidence of COVID-19 is increasing in many states and countries. Persons arriving in California from other states or Californians returning from other states or countries could increase the risk of COVID-19 spread. In addition, travel itself can be a risk for exposure to COVID-19, particularly travel through shared conveyance such as air, bus or rail travel.

The Travel Advisory for Non-Essential Travel includes the following recommendations:

1. Persons arriving in California from other states or countries, including returning California residents, should practice self-quarantine for 14 days after arrival. These persons should limit their interactions to their immediate household. This recommendation does not apply to individuals who cross state or country borders for essential travel.

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<sup>15</sup> <https://covidtracking.com/data/charts/us-all-key-metrics>

<sup>16</sup> [https://www.healthdata.org/sites/default/files/files/Projects/COVID/Estimation\\_update\\_062520.pdf](https://www.healthdata.org/sites/default/files/files/Projects/COVID/Estimation_update_062520.pdf)

<sup>17</sup> <https://www.youtube.com/watch?v=ehdgceGzOxs>

<sup>18</sup> <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Travel-Advisory.aspx>

2. Californians are encouraged to stay home or in their region and avoid non-essential travel to other states or countries. Avoiding travel can reduce the risk of virus transmission and bringing the virus back to California.

“Non-essential travel” includes travel that is considered tourism or recreational in nature.

“Essential travel” includes: work and study, critical infrastructure support, economic services and supply chains, health, immediate medical care, and safety and security.

- Earlier this week, the drug companies Pfizer and Moderna announced that COVID–19 vaccinations developed by each company are ready for emergency approval by the Food and Drug Administration (FDA). Both Pfizer and Moderna report their respective vaccines have a proven 95% efficacy (success) rate.

However, the administration of these and other COVID–19 competing vaccinations are dependent on an untested network of state and local governments and health care workers. [Here’s a look at Pfizer’s complicated plans for distribution](#)<sup>19</sup>.

In any event, most Americans likely won’t have access to a coronavirus vaccine until next year, and it’s [still not clear](#)<sup>20</sup> when the first vaccine will be authorized by the FDA, although reports indicate it could be as early as December 2020.

In preparation for approval of one or more vaccines with acceptable efficacy rates, the State of California issued its Interim Draft [COVID–19 Vaccination Plan Template](#)<sup>21</sup> in October 2020 to assist with development of local and regional COVID–19 vaccination plans. The template is to be used when submitting a COVID–19 vaccination plan to the Centers for Disease Control and Prevention (CDC).

The state Plan is divided into 15 main planning sections, with brief instructions to assist with content development. Jurisdictions are also required to review the [CDC COVID–19 Vaccination Program Interim Playbook for Jurisdiction Operations](#)<sup>22</sup> as well as other CDC guidance and resources when developing respective plans. Jurisdictions are encouraged to routinely monitor local and federal COVID–19 vaccination updates for any changes in guidance, including any updates to the [CDC COVID–19 Vaccination Program Interim Playbook for Jurisdiction Operations](#)<sup>22</sup>.

Immunization with a safe and effective COVID–19 vaccine is considered a critical component of California's and the nation's strategy to reduce COVID–19–related illnesses,

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<sup>19</sup> [https://www.nytimes.com/2020/11/12/business/pfizer-covid-vaccine-coronavirus.html?campaign\\_id=9&emc=edit\\_nn\\_20201115&instance\\_id=24130&nl=the-morning&regi\\_id=75772015&segment\\_id=44536&te=1&user\\_id=b224ccb1ad96062365680fcf712181c6](https://www.nytimes.com/2020/11/12/business/pfizer-covid-vaccine-coronavirus.html?campaign_id=9&emc=edit_nn_20201115&instance_id=24130&nl=the-morning&regi_id=75772015&segment_id=44536&te=1&user_id=b224ccb1ad96062365680fcf712181c6)

<sup>20</sup> <https://www.politico.com/coronavirus-vaccine-update-and-latest-developments>

<sup>21</sup> [https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft\\_V1.0.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf)

<sup>22</sup> [https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim\\_Playbook.pdf](https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)

hospitalizations, and deaths and to help restore societal functioning. The goal of the U.S. government is to have enough COVID–19 vaccines for all people in the United States who wish to be vaccinated.

Early in the COVID–19 Vaccination Program, there may be a limited supply of COVID–19 vaccine. Initial vaccination efforts may focus on those critical to the Vaccination Program response, those providing direct health care and maintaining societal function, and those at highest risk for developing severe illness from COVID–19.

The state's Vaccination Plan Template sections cover specific areas of COVID–19 vaccination program planning and implementation, and provide key guidance documents and links to resources to assist those efforts.

The 15 specific plan target areas in the State Plan Template include:

1. COVID–19 Vaccination Preparedness Planning

- This section provides for describing early COVID–19 vaccination program planning; and providing detail related development and education tools and programs.

2. COVID–19 Organizational Structure and Partner Involvement

- This section facilitates jurisdictional structure development; how each jurisdiction will plan for, develop, and assemble an internal COVID–19 Vaccination Program; how each jurisdiction will plan for, develop, and assemble key internal leaders and external partners to assist with program implementation; how each jurisdiction will coordinate efforts between various levels of government authority and other groups; and identifying key partners (e.g., pharmacies, homeless shelters, community–based programs) for critical populations.

3. Phased Approach to COVID–19 Vaccination

- This section provides for structuring a vaccination program around three phases of administration:

Phase 1: Potentially limited doses available – target population:

- Healthcare personnel treating patients with COVID–19
- Healthcare personnel exposed to COVID–19
- People at increased risk for severe illness or death from COVID–19
- Other essential workers

Phase 2: Large number of doses available

- Broadens vaccine access to other groups of essential workers and groups at increased risk of COVID–19 contraction



### Phase 3: Likely sufficient supply, slowing demand

- Broadens vaccinations access across the entire population

#### 4. Critical Populations

- This section provides for identifying, estimating the numbers of, and locating critical populations; defining and estimating number of persons in the critical infrastructure workforce; defining additional subset groups of critical populations; and establishing points of contact within critical population groups.

#### 5. COVID–19 Provider Recruitment and Enrollment

- This section provides for establishing recruitment practices for vaccination providers and the types of settings for vaccinations administration; processes used to ensure providers are properly credentialed; training programs for providers; planned redistribution of COVID–19 vaccinations; plans for equitable access to COVID–19 vaccinations; and plans for recruitment of pharmacies.

#### 6. COVID–19 Vaccine Administration Capacity

- This section provides for estimating vaccine administration capacity.

#### 7. COVID–19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

- This section provides for allocating/assigning allotments of vaccine; assessing cold–chain storage capability; COVID–19 vaccine ordering procedures; and coordinating unplanned repositioning of vaccine and monitoring of vaccine waste and inventory levels.

#### 8. COVID–19 Vaccine Storage and Handling

- This section provides for COVID–19 vaccine storage and handling requirements, including cold and ultra–cold chain requirements.

#### 9. COVID–19 Vaccine Administration Documentation and Reporting

- This section provides for COVID–19 dosage collection procedures; submitting COVID–19 vaccine administration data and ensuring provider compliance; monitoring provider–level data for correctness and compliance; and report generation.

#### 10. COVID–19 Vaccination Second–Dose Reminders

- This section provides for establishing procedures to remind COVID–19 vaccine recipients of the need for a second dose.

## 11. COVID–19 Requirements for IISs or Other External Systems

- This section provides for documenting vaccine administration in temporary or high–volume vaccination settings; identifying personal variables for persons receiving the COVID–19 vaccination; defining the jurisdiction's capacity for data exchange, storage and reporting; plans for rapid enrollment of vaccination providers and facilities; planned backup solutions if internet connectivity is lost; and data security procedures.

## 12. COVID–19 Vaccination Program Communication

- This section provides for defining a jurisdiction's COVID–19 vaccination communication plan, including key audiences; and expedited procedures for emergency communication.

## 13. Regulatory Considerations for COVID–19 Vaccination

- This section provides for establishing provider access to Emergency Use Authorization fact sheets.

## 14. COVID–19 Vaccine Safety Monitoring

- This section provides for establishing procedures to report adverse events following vaccination administration.

## 15. COVID–19 Vaccination Program Monitoring

- This section provides for monitoring progress of the COVID–19 Vaccination Program; describing methods and procedures for monitoring resources, communications, and local situational–awareness; and identifying COVID–19 Vaccination Program metrics.
- This past Monday, the California Department of Public Health (CDPH) issued [updated guidance](#)<sup>23</sup> for wearing a facemask. The update comes as the number of COVID–19 cases in the nation, California, and the region are surging – see **Table 1**, below for current COVID–19 cases as of November 18, 2020.

**Table 1**  
**COVID–19 Cases as of November 18, 2020**

	<b>Global Cases</b>	<b>United States Cases</b>	<b>California Cases</b>	<b>San Bernardino County Cases</b>
<b>Confirmed Positive Cases</b>	56,024,130	11,546,233	1,058,125	78,298
<b>COVID–19 Related Deaths</b>	1,345,639	253,423	18,364	1,118

<sup>23</sup> <https://covid19.ca.gov/masks-and-ppe/>

The United States is also now recording as many as 200,000 new cases per day; and the number of new coronavirus cases is expected to increase dramatically over the next eight weeks as Americans begin their annual holiday celebrations and gatherings.

How is the update different from the [old guidance](#)<sup>24</sup> issued in June? The [message is simpler and to the point](#)<sup>25</sup>: "People in California must wear face coverings when they are outside of the home" according to the CDPH.

The CDPH said the update is important in light of "increasing evidence that shows that masks greatly reduce the transmission of COVID–19, a deadly disease, not just for people around you, but also for the wearer of the mask." Read the item in this *City Manager's Weekly Report* on university studies conducted in Tennessee and Kansas for evidence demonstrating that facemasks greatly reduce the transmission of COVID–19.

Old guidance already specified that people have to wear a facemask in any indoor public space, working in any enclosed area where other people who are not part of your household are present, and when you are outdoors and cannot social distance from people who are not part of your household.

According to the CDPH, the updated guidance is broader by asking Californians to wear facemasks whenever they leave their homes. It also specifies that people should have a face covering with them at all times and must put it on if they are within 6 feet of others who are not in their household.

For purposes of facemask policy, a household consists of one or more people who live in the same dwelling and share meals. A household may consist of a single family or another group of people (blended family, shared housing, group homes, boarding houses, single room occupancy, and houses of multiple occupancy) living in the same dwelling and sharing meals. A dwelling is considered to contain multiple households if meals and/or living spaces are not shared.

Under CDPH guidelines, individuals are exempt from wearing face coverings in the following specific settings:

- Persons in a car alone or solely with members of their own household.
- Persons who are working in an office or in a room alone.

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<sup>24</sup> [https://www.madera.courts.ca.gov/Images/CA%20Dept%20of%20Public%20Health%20-%20Guidance-for-Face-Coverings\\_06-18-2020.pdf](https://www.madera.courts.ca.gov/Images/CA%20Dept%20of%20Public%20Health%20-%20Guidance-for-Face-Coverings_06-18-2020.pdf)

<sup>25</sup> <https://www.kcra.com/article/california-mask-guidance-gov-newsom-says/34691996>

- Persons who are actively eating or drinking provided that they are able to maintain a distance of at least 6 feet away from persons who are not members of the same household or residence.
- Persons who are outdoors and maintaining at least 6 feet of social distancing from others not in their household. Such persons must have a face covering with them at all times and must put it on if they are within 6 feet of others who are not in their household.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Workers who are required to wear respiratory protection.
- Persons who are specifically exempted from wearing face coverings by other CDPH guidance.

The following individuals are exempt from wearing face coverings at all times:

- Persons younger than 2 years old. These very young children must not wear a face covering because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. Such conditions are considered rare.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

Why a mandatory facemask policy? The Novel Coronavirus spreads when an infected person coughs, sneezes, sings, talks, or breathes within 6 feet of others. A person may have the virus and spread it even when feeling well. A facemask helps to prevent infection because, **when worn properly over the nose and mouth**, it can slow the spread of COVID-19 by filtering and limiting the release of infectious droplets into the air. Wearing facemasks can also reinforce physical distancing.

How to wear a facemask: To be effective, a facemask must be worn over the nose and mouth so that it covers the external respiratory system (the two ways a person breathes is through the nose and mouth).

- Choose a facemask that covers the nose and mouth, goes under the chin, and fits snugly against the sides of the face – see image below.



- Wear a facemask with two or more layers of washable, breathable fabric, or wear a disposable 3–layer design non–medical facemask.
- Avoid wearing facemasks intended for healthcare workers, like an N95 respirator.
- Face shields are still under evaluation by the Centers for Disease Control and Prevention (CDC) for effectiveness, and are not recommended for use without a facemask.
- Wash hands before putting on a facemask.
- Avoid touching the facemask when wearing it.
- Wearing a facemask does not take the place of physical distancing. It is at its most effective when combined with maintaining 6–feet of social distancing.

The CDC has more information about [how to wear facemasks](#)<sup>26</sup>.

On April 18, 2020, the City of Montclair issued a mandatory facemask order, requiring all persons in the City of Montclair to wear a facemask when indoors and outdoors, when individuals not from a person's household are present. This mandatory facemask order is now revised to reflect the facemask policy update issued this week by the CDPH.

In September 2020, the Montclair City Council approved protocols for reopening City facilities to the public. Contained in the reopening protocols are provisions allowing for relaxed use of facemasks indoors by members of small cohort groups. Those "cohort" protocols are suspended indefinitely — exceptions to the April 18, 2020, mandatory order remain in place.

- Ahead of the Thanksgiving, Christmas and New Years Day Holidays, the California Department of Public Health (CDPH) released new [COVID–19 safety guidelines](#)<sup>27</sup> for all private gatherings amid the ongoing COVID–19 pandemic. The new rules come with strict restrictions aimed at reducing the risk of spreading infection, particularly during Holiday gatherings.

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<sup>26</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html>

<sup>27</sup> <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Guidance-for-the-Prevention-of-COVID-19-Transmission-for-Gatherings-10-09.aspx>

Persons attending gatherings should keep in mind that the guidelines are designed to protect you and the ones you love and care for. They are not intended to discourage social interaction; rather, they are designed to help California get through the pandemic as quickly as possible so that we can return to normal social and business interaction and engagement as quickly as possible.

However you chose to celebrate your Holiday's, the Montclair City Council and I wish for you that they are happy as well as safe.

Following is a description of the guidelines.

### **Gatherings**

Gatherings are defined as "social situations that bring together people from different households at the same time in a single space or place." When people from different households mix, this increases the risk of COVID–19 transmission.

All gatherings are limited to no more than three households, including hosts and guests; must be held outdoors; and should not last for more than two hours. The longer the duration of the gathering, the risk of transmission increases, according to the CDPH.

The CDPH also states that gatherings that occur outdoors are significantly safer than indoor gatherings; therefore, all gatherings must be held outside. The state guidelines provide that attendees may go indoors to use restrooms as long as the restrooms are frequently sanitized.

### **Facemasks**

Those at a gathering may remove their facemasks briefly to eat or drink as long as they stay at least 6 feet away from everyone outside their own household. Facemasks should be put back on between activities to reduce spread of infection.

Facemasks can be removed to meet urgent medical needs; e.g., to use an asthma inhaler, take medication, or if feeling light-headed.

Updated facemask guidelines discussed elsewhere in this *City Manager's Weekly Report* continue to apply.

### **Singing and shouting "strongly discouraged"**

Singing, chanting and shouting are "strongly discouraged". The CDPH guidelines state that these activities "pose a very high risk of COVID–19 transmission" because of the release of respiratory droplets and fine aerosols into the air.

Those who do participate in singing and chanting should do so at or below the volume of a normal speaking voice. Shouting should not occur. Participants engaged in singing or chanting should wear a facemask.

Those who do engage in singing, chanting or shouting are "strongly encouraged" to keep a physical distance of more than six feet to further reduce the risk of spreading infection.

Musicians are permitted at gatherings, but must be from one of the three attending households. The playing of wind instruments (such as a trumpet, flute, piccolo, or clarinet) is "strongly discouraged."

### **Keep it social at a distance**

The space for the gathering must be large enough to allow guests to maintain a physical distance of at least six feet from those who are not in a shared household.

Seating must provide at least 6 feet of distance (in all directions—front-to-back and side-to-side) between different households.

### **Maintain hand hygiene**

To the extent practicable, food and drink should be served in disposable containers. Self-serve communal containers and other shared items should not be used at the gathering. A place for washing hands or hand sanitizer must be available for use at the gathering. All attendees should wash their hands or use hand sanitizer frequently.

- In 2012, California Governor Jerry Brown signed into law the Public Employees' Pension Reform Act (PEPRA), the state's first major overhaul of the various public employee pension systems including the California Public Employees' Retirement System (CalPERS), California State Teachers' Retirement System (CalSTRS), and the 20-county retirement plans formed under the County Employees Retirement Law of 1937 (the '37 Act). PEPRA specifically amended the '37 Act, requiring counties to exclude certain definitions of compensation in benefit calculations.

Alameda County employees sought a ruling from various courts requiring County officials to ignore the PEPRA amendment and, instead, honor the County agreements, arguing the PEPRA amendment directly contradicted county labor agreements. Generally, when a county and its employees enter into agreements, both parties rely upon the terms of those agreements. PEPRA required the counties to unilaterally change the terms of those agreements.

County employees also argued the Contracts Clause of the California Constitution rendered the retroactive changes to the '37 Act unconstitutional under the "California Rule" — a series of judicial decisions that generally prohibit public employers from reducing public retirement plan benefits unless the employer provides plan members some off-set that keeps the totality of benefits more or less unchanged. The California Rule has been

considered a major protection for public employees' retirement benefits, but it has also proven to be an impediment to pension system reforms.

Now, in its decision in *Alameda County Deputy Sheriff's Association v. Alameda County Employees' Retirement Association* (2020) 9 Cal.5th 1032 (ACDSA), the California Supreme Court addressed the issue of how PEPRAs affected '37 Act county plans. In doing so the Court, for the first time, has upheld unilateral reductions to pension calculations without a corresponding wage or benefit off-set for employees. The ruling appears to be a first step toward the untangling of the California Rule.

In all previous cases where the California Supreme Court reviewed a reduction in employee retirement benefits under the California Rule, the court had never upheld a reduction without an accompanying off-set for employees.

In its decision, the Court ruled county governments are statutorily required to apply the terms of the '37 Act, including the PEPRAs amendments. The court concluded the PEPRAs amendments did not constitute a breach of contract of the county agreements, and that PEPRAs did not violate the California Constitution.

The Court also went into lengthy detail to explain that when establishing the California Rule, the Court did not mean to “**require**” offsetting benefits; instead, the Court only stated that government sponsors “**should**” offset reductions in pension benefits. This distinction led to the first time the Court considered whether the reduction of pension benefits not off-set by some other benefits violated the Contracts Clause. Under this "clarification" of the California Rule, the court determined that PEPRAs did not violate the Contracts Clause because providing an off-set would “undermine the constitutionally permissible purpose of the PEPRAs amendment.”

In *Alameda*, the Court limited the analysis to current employees hired prior to the enactment of PEPRAs (2013), meaning the decision does not affect the pension benefits of retirees or county employees hired after 2013.

## ECONOMIC DEVELOPMENT DEPARTMENT

- On Monday, the Department of Housing and Community Development (HCD) awarded the City of Montclair a Local Early Action Planning (LEAP) Grant in the amount of \$150,000. The LEAP application was submitted in late June by Community and Economic Development staff.

In the 2019–20 Budget Act, Governor Gavin Newsom allocated \$250 million for all regions, cities, and counties to take action by prioritizing planning activities that accelerate housing production to meet identified needs in their respective community. With this allocation, HCD established the Local Early Action Planning Grant Program (LEAP) with \$119 million for cities and counties.



The purpose of LEAP is to provide a one-time grant funding opportunity to jurisdictions for the preparation and adoption of planning documents, process improvements that accelerate housing production and facilitate compliance in implementing the sixth cycle of the regional housing need assessment (RHNA).

To best achieve the purpose of LEAP, City staff identified the following three key tasks as the core objectives of the project.

1. **Housing Element Assessment:** The City will allocate \$35,000 to ensure the Housing Element is compliant with the Housing Element Site Inventory Guidebook (Government Code Section 65583.2) including the detailed level of analysis required for the sites inventory. This funding will also cover any additional rounds of review with HCD required to achieve Housing Element certification. The sites analysis needs to look at Difficult to Develop areas (DDAs) and High Quality Census Tract (HQCT) areas, available amenities and will require a site by site detailed evaluation beyond past Housing Element cycles. This effort will increase the availability of sites that are well positioned for affordable housing funding sources (i.e. 9% TCAC, AHSC, MHP etc.) and ideally will increase the development of housing units affordable to lower income households.
2. **Inclusionary Housing Ordinance:** The City will allocate \$60,000 to complete a nexus study, and draft and adopt an inclusionary housing ordinance to be implemented Citywide. The Ordinance is envisioned to require new residential development to include a percentage of affordable units within a development of a certain size and/or establish an in lieu fee that could be leveraged by affordable housing developers to make projects more competitive for State and federal funding. The Ordinance would increase the feasibility and development of affordable housing in correlation with the development of market-rate development.
3. **Accessory Dwelling Unit (ADU) Ordinance:** The City will allocate \$55,000 to update their ADU Ordinance to ensure it is compliant with State law. The City would also work with an architect to develop pre-approved ADU plans that could be customized to a specific parcel. These efforts are intended to streamline the approval process and reduce the cost for residents wanting to construct an ADU on their property. ADUs can serve a source of housing for moderate income households and a strategy for infill development that is complementary with existing single family neighborhoods.

City staff will work diligently in making sure implementation of all described tasks are achieved by the December 31, 2023 deadline.

Congratulations to the Community and Economic Development staff who successfully secured the LEAP grant on behalf of the City.

## HUMAN SERVICES DEPARTMENT

- Now through Thursday, December 11, the Human Services Department will be sponsoring its **Annual Canned Food and Toy Drive**. Employees and the community are encouraged to donate to this worthy cause.

For the health and safety of those receiving food baskets, we cannot accept outdated, dented, or bulging cans, or open packages. Toys must be new and unwrapped.

Marked collection bins will be located in the Recreation Center, Youth Center, Senior Center, City Hall lobby, Fire Station 1, and the Police Department's lobby. Collected food and toys will be distributed to needy Montclair residents during the 2020 Holiday Toy and Food Basket Program.

- Join us as we kick off the holiday season! The City of Montclair invites you to a **Drive-Thru Holiday Event** on Thursday, December 3 at 6:30 p.m. at the Montclair Civic Center.

A holiday surprise will be available for children 12 years old and under who are present at the event, while supplies last. Children can write a letter at home and drop it off to be mailed to Santa Claus; personal replies may be returned to those who have included the child's first and last name as well as a legible and complete mailing address. A free stationary template is available to download under the "[Community Events](#)<sup>28</sup>" section of the City website.

Gift lights may be purchased for \$10 in honor of, or in memory of, a loved one. Additional information on gift lights is available by calling (909) 625-9479.

- **Dashing Through Montclair** will be held on Saturday, December 5 from 2:00 – 6:00 p.m. Santa, Mrs. Claus and their sleigh will be dashing through the streets of Montclair, spreading holiday cheer. Due to COVID-19, Santa and Mrs. Claus will be social distancing and will not be making any stops along the route.

Please note that while Santa wants to visit every street, Montclair is too big so the route is changed every year to see as many streets as possible.

For more information or to view the route for 2020, please visit the [Community Events](#)<sup>29</sup> section of the City website.

A flyer is included on Page 20.

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<sup>28</sup> <https://www.cityofmontclair.org/city-government/human-services/community-events-programs/drive-thru-holiday-event>

<sup>29</sup> <https://www.cityofmontclair.org/city-government/human-services/community-events-programs/dashing-through-montclair>

# December

THE MONTH OF

<u>Day</u>	<u>Event &amp; Location</u>	<u>Time</u>
Thurs. <b>3</b>	<b>Drive-Thru Holiday Event</b>	6:30 p.m.
Sat. <b>5</b>	<b>Dashing Through Montclair</b> For more information or to view the route for 2020, please visit the <a href="#">Community Events</a> section of the City website.	2:00 p.m. – 6:00 p.m.
Mon. <b>7</b>	<b>City Council Meeting</b> Tentatively to be held in the Senior Center	7:00 p.m.
Mon. <b>14</b>	<b>Planning Commission Meeting</b>	7:00 p.m.
Thurs. <b>17</b>	<b>Public Works Committee Meeting</b>	4:00 p.m.
Mon. <b>21</b>	<b>Real Estate Committee — Cancelled</b>	
Mon. <b>21</b>	<b>City Council Meeting — Cancelled</b>	
	<b>City Hall Holiday Closure</b> December 23, 2020 through January 3, 2021	

ECS:tnk

Montclair



# Holiday Events



## Dashing Through Montclair **WEATHER PERMITTING**

*Saturday, December 5, 2020 • 2:00 p.m. - 6:00 p.m.*

**All Afternoon Throughout Montclair!** Santa, Mrs. Claus and their sleigh will be dashing through the streets of Montclair, spreading holiday cheer. To follow Santa's route visit [www.cityofmontclair.org/dashingthroughmontclair](http://www.cityofmontclair.org/dashingthroughmontclair) after November 23, 2020. Please note that while Santa wants to visit every street, Montclair is too big so the route is changed every year to see as many streets as possible. Due to COVID-19, Santa and Mrs. Claus will be social distancing and will not be making any stops along the route.

## Drive-Thru Holiday Event

*Thursday, December 3, 2020 • 6:30 p.m.*

**Montclair Civic Center, 5111 Benito Street, Montclair**

*Enter the event through parking lot "B" off of Frenont Avenue. Line starts at 6:30 p.m.*

The City of Montclair invites you to a Drive-Thru Holiday Event. Join us as we kick off the holiday season! A holiday surprise will be available for children 12 years old and under who are present at the event, while supplies last. Children can write a letter at home and drop it off to be mailed to Santa Claus; personal replies may be returned to those who have included the child's first and last name as well as a legible and complete mailing address. A free stationary template will be available under the "Community Events" section at [www.cityofmontclair.org](http://www.cityofmontclair.org).

*\*Event details are subject to change based on COVID-19 restrictions at the time of event.*

Residents are invited to purchase a "gift light" for the community light display at the Montclair Civic Center in memory or in honor of a loved one. Each light costs \$10 and includes a commemorative certificate. The name of the person remembered or honored will also be placed in a permanent display at City Hall during the holiday season. Proceeds from gift light sales will benefit youth services in Montclair. The application to purchase a "gift light" will be available under the "Community Events" section at [www.cityofmontclair.org](http://www.cityofmontclair.org). For more information, please call (909) 625-9479.

Event sponsored by the Community Activities Commission and the Women's Club of Montclair.

Sponsored by:



## Letters to Santa

**Montclair Recreation Center,  
5111 Benito Street, Montclair**

*Monday-Friday,  
December 7-11, 2020*

*7:30 a.m. - 6:00 p.m.*

Children can bring a letter for Santa Claus and deposit it in the specially marked mailbox outside of the Recreation Center. Personal replies may be returned by mail to those who have included the child's first and last name as well as a legible and complete mailing address. A free stationary template will be available under the "Community Events" section at [www.cityofmontclair.org](http://www.cityofmontclair.org).