



Memorandum

February 18, 2021

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Date

Planning Commission

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To

Sarah Kirchgessner

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From

Agenda Item 5.1 California Northstate University Medical Center (PLNG18-110)

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Subject

Staff recommends that Mitigation Measure 3.3-2b(1) be refined as follows. Revisions are shown in underline and strikethrough.

Refinement of Mitigation Measure 3.3-2b(1):

Mitigation Measure 3.3-2b(1): Implement Bird Collision Monitoring Program

Pursuant to requirements of LEED Pilot Credit 55, a postconstruction monitoring plan shall be prepared by qualified avian biologist(s), reviewed by the City, and implemented to assess the effectiveness of building and site design intended to reduce bird collisions. Postconstruction bird collision monitoring shall commence after completion of Phase one of construction or after windows and other glass features are installed during Phase one, whichever step comes first. Implementation of the postconstruction monitoring plan will require permitting through the USFWS Migratory Birds and Habitat Program (e.g., a Special Purpose Utility Permit) and CDFW to collect and temporarily possess deceased migratory birds for the purposes of postconstruction mortality monitoring. The postconstruction monitoring plan shall include but not be limited to the following elements derived from a protocol used in several bird collision studies (Hager and Cosentino 2014).

Surveys for bird carcasses shall be conducted daily by CNU hospital staff members (e.g., groundskeepers, custodial staff) for a 3-year monitoring period. Surveys shall be conducted during the mid-to late-afternoon and the survey area shall include all areas within approximately 6 feet of walls located within the Project boundaries. Carcasses detected during the survey shall be collected by the staff member(s) and stored in a dedicated freezer, photographed sufficiently (i.e., multiple photographs of head and beak, other identifying features), or otherwise documented for future identification by a qualified avian biologist. Data recorded for each carcass shall include, but not be limited to, date and location of collection (e.g., west side of building). The staff members or staff classifications responsible for the surveys shall be identified in the monitoring plan and these staff members shall attend an initial training regarding implementation of the survey protocol by a qualified avian biologist. Subsequent site visits by the qualified avian biologist shall be conducted monthly for the first six months after occupancy of the hospital building to provide additional needed training to staff and to verify whether carcass collection and storage protocols are being conducted properly.

The Project Applicant shall obtain a qualified avian biologist(s) to periodically (i.e., no less than quarterly in a given year) identify the carcasses to species. To be qualified, an avian biologist would hold a biological sciences, wildlife biology, or other relevant degree from an accredited university and (1) be knowledgeable in the birds of the Central Valley region, (2) be able to correctly identify bird species in hand, and (3) have experience using field guides for identification purposes. The Project Applicant shall develop datasheets and databases in consultation with a qualified avian biologist and shall manage data collected over the 3-year monitoring period following completion of the hospital building. The avian biologist(s) shall prepare an initial monitoring report 6 months after occupancy, followed by yearly monitoring reports that include bird collision data (e.g., species, counts); notable observations (e.g., banded birds); and clear conclusions, recommendations, and corrective actions to address bird strikes as needed to meet performance standards. These reports shall be submitted to the City Development Services Department for review. The City shall retain its own biologist to review these reports for adequacy.

Based on a 2014 review study by Smithsonian Conservation Biology Institute and USFWS biologists that analyzed published and unpublished bird strike datasets and developed models based on that data, the typical median annual mortality rate at a high-rise building is expected to be 24.3 birds per year (Loss et al. 2014). The 95 percent confidence interval (i.e., the estimated range of values which is likely to include median annual mortality rate) of the median annual mortality rate resulting from high-rise building strikes was 5–76 (Loss et al. 2014). It is expected that the high-rise buildings included in the analysis, which were predominantly in urban areas, are less likely to cause bird mortality than a building located in close proximity to high-quality bird habitat (e.g., Stone Lakes National Wildlife Refuge) and that these values (i.e., 24.3 birds per year [95% CI = 5–76]) would be conservative compared to the hospital building. As a result, the upper limit of the 95 percent confidence interval shall be used to compare mortality data at the hospital building.

Each monitoring year, the qualified avian biologist shall compare annual mortality data to the 95 percent confidence interval upper limit value from Loss et al. 2014. If more than 76 birds are killed annually as a result of collisions with the hospital building ~~If the qualified avian biologist employed by the Project Applicant in conjunction with review by the City's biologist determines that survey results demonstrate substantial mortality of birds (e.g., statistically significantly greater than other similar buildings in the region) as a result of collisions with the hospital building,~~ then professional avian biologists shall be employed by the Project Applicant to determine the cause of high bird mortality from building strikes and corrective measures shall be developed and implemented to reduce the building strike hazard. The corrective measures shall be within the bounds of what is reasonably feasible as determined by the City. These measures may include adjustments to the types, timing, magnitude, and intensity of lighting used at the hospital site or incorporating post-construction design modifications to deter birds from flying into the building or building windows, such as adding covers, shading, or grid lines; sound or vibration deterrents; flashing or pulsing lights or reflectors; or physical barriers to areas prone to strikes. Building strike deterrence measures shall be developed based on the best available science and in consultation with experts, such as experts from the Audubon Society, the American Bird Conservancy, USFWS, and CDFW. Monitoring shall continue following implementation of corrective measures until bird mortality from collisions with the hospital building are reduced below established thresholds ~~to an acceptable level. The level of mortality that is acceptable shall be determined in consultation with the CDFW and USFWS and reflect a level of mortality that can be reasonably expected not to reduce local populations of migratory or California Fish and Game Code~~

Supplemental Information

Agenda Item No. 5.1

February 18, 2021

~~protected bird species below self-sustaining levels or to result in a bird species becoming newly classified as rare or endangered in the region.~~