

City Council Staff Report

June 1, 2016

Applicant: Bud Harper

Location: 727 E 1100 S

Prepared by: Sean Conroy,
Community Development
Director

Public Hearing: Yes

Zone: A-2

Attachments:

1. Application information.
2. City Council minutes dated 4/30/13.
3. Letter on group size research.
4. Existing conditions of approval.

REQUEST

Consideration of a request to expand the Maple Mountain Recovery Center, a residential care facility for persons with a disability, from 10 residents to 16 residents.

BACKGROUND AND PROJECT DESCRIPTION

On April 30, 2013 the City Council approved a permit to allow a single-family residence to be converted to a residential care facility for persons with a disability for a maximum of 10 occupants, five male and five female (see attachment “2”). The limitation of 10 occupants was based on evidence provided by the applicant that group sizes should be at least five to 15 individuals (see attachment “3”).

The facility opened for business in March of 2014. The applicant is now requesting approval to increase the number of residents from 10 to 16 (see attachment “1”).

EVALUATION

Federal & State Code: The Federal Fair Housing Amendments Act of 1988 (FHA) prohibits discrimination based on race, color, religion, sex, national origin, disability or family status. Under the FHA, a person with a disability is *“any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”* A physical or mental impairment includes drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

One type of discrimination that is prohibited is the refusal to make “reasonable accommodations” in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy residential housing. The FHA does not allow exclusion of residential facilities based upon fear, speculation, or stereotype about a particular disability or persons with disabilities in general.

Reasonable Accommodation: MCC chapter 18.84.370.B(5)(b) indicates that *“Any person or entity who wishes to request a reasonable accommodation shall make a written request for the same...”*. The purpose of a reasonable accommodation is to give individuals with a disability accommodation in rules, policies, procedures, etc. to ensure equal access to housing and to facilitate the development of housing for people with disabilities in accordance with federal and state statutes.

The Council previously granted the applicant a reasonable accommodation to allow for a maximum of 10 non-related individuals to occupy the facility.

Mapleton City Code (MCC) Chapter 18.84.370.B(5)(b) requires the applicant to describe why the requested accommodation is necessary to afford the disabled an equal opportunity to use and enjoy residential housing. Mapleton City Code also indicates that a maximum of four non-related individuals may live together in a single household unit.

The applicant is now requesting a reasonable accommodation to allow for a maximum of 16 residents. The applicant has provided an opinion that 16 residents is necessary in order to provide specialized therapy groups and to ensure client variety (see attachment “1”). Staff has included the language from the MCC that governs reasonable accommodations followed by a brief staff response.

(1) In considering whether a proposed accommodation is reasonable and necessary, the planning commission and city council shall:

(A) Consider the impact of the requested accommodation on the neighborhood in light of existing zoning and use, including any impact on neighborhood parking, traffic, noise, utility use, safety, and other similar concerns, and whether any such impact fundamentally alters the character and/or nature of the neighborhood and/or existing zoning regulations;

Response: Staff, including the Police Department, are not aware of any negative neighborhood impacts from the existing use related to parking, traffic, noise, utility use, safety and other similar concerns. Increasing the number of residents from 10 to 16 could impact the number for vehicle trips. However, the applicant can provide sufficient on-site parking to handle any increases. One of the conditions of the original approval was that no on-street parking would be permitted. This condition should remain in place if the Council allows for the increase to 16 residents.

(B) Consider whether, based on objective evidence and on an individualized basis, a particular accommodation would pose a direct threat to the health or safety of other individuals and/or would result in substantial physical damage to the property of others. In determining the likelihood of direct threat or substantial damage, the planning commission shall consider:

(i) The nature, duration, and severity of the risk;

(ii) The probability that the potential injury will actually occur; and

(iii) Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk; and

Response: Staff is unaware of any physical damage that has occurred to neighboring properties or threats to the safety of others since the facility began operation. The applicant has indicated that the facility focuses on providing care for low to medium risk clients and that high risk clients would not

be permitted. The existing conditions of approval require the applicant to conduct an individualized assessment of each person who desires to become a resident of the facility to determine if such person would constitute a direct threat prior to allowing occupancy of the facility by such person. No one may be admitted that has a history of criminal conviction.

(C) Consider whether granting the accommodation would impose any significant or undue expense and/or administrative burden on the city.

Response: Staff does not anticipate any additional burden or expense if the facility increases from 10 residents to 16.

RECOMMENDATION

Determine whether a reasonable accommodation should be granted allowing for a maximum of 16 residents. If the Council allows for the increase in residents, staff recommends that the existing special conditions remain in place (see attachment “4”).



Bud Harper
727 E. 1100 South
Mapleton, Ut. 84664

April 5, 2016

ATTN: Sean Conroy AICP
Community Development Director

This purpose of this letter is to respond to your request for a description of the program provided by Maple Mountain Recovery, as discussed in our recent meeting.

Our new Clinical Director, Hanna LeBaron, LCSW, started at Maple Mountain Recovery in July of 2015. Since that time our program has changed significantly and she has provided the following regarding changes made to our program:

“Maple Mountain Recovery is a unique mental health recovery facility. We treat people who are affected by trauma and/or adverse experiences in their past. Because of their trauma, their autonomic nervous system is dysregulated causing variety of problems in stress management, emotional regulation, relationship skills and other associated problems. In the course of their lives, alcohol and/or drugs were introduced as a way of coping. All too frequently these addictive prescription medications are prescribed by medical doctors. Our clients started relying on alcohol or prescription pills in order to deal with their emotions, life stressors and ultimately became addicted.

At Maple Mountain Recovery we treat low or medium risk clients. All potential clients go through an extensive interview process to determine if they are a good fit for our program. Additionally, various online resources are utilized to verify if there is any criminal history. Our program is not designed for high risk substance use disorder clients and/or criminals. Research presented on low and high risk clients to Utah addiction professionals at the St. George Fall Conference clearly indicates that these two clientele are not to be mixed. When low risk clients are mixed in a facility with high risk clients, the low risk clients do not improve, on the

contrary, their situation gets worse. Maple Mountain Recovery has responded to this research by providing trauma informed care for low to medium risk clients. To make a comparison, high risk clients in treatment learn to how behave in society, whereas our clients work on their underlying issues – what caused their addiction - and they are actually healing and changing their very brain. When clients' mental health improves, there is no reason to use pills or alcohol again. However, since the substance use caused brain changes and addiction, the clients need to stay in a safe, drug free environment until they are stronger and able to prevent relapse on their own.

Maple Mountain Recovery is already establishing a reputation as a leader in the addiction treatment field. Our staff is highly educated and trained, and we are constantly improving our program to meet and exceed the highest national standards. We are working towards national accreditation through the Joint Commission on Accreditation of Healthcare Organizations and are scheduled for our accreditation review this month. We are continually working towards improving treatment outcomes by responding to field research through utilizing the most current evidence-based treatment methods available.

At Maple Mountain Recovery, we are offering exciting treatment to our clients. We are doing trauma therapy such as eye movement desensitization and reprocessing, neurofeedback and cranial electrotherapy stimulation. We are considering bringing a theta wave bed to help our clients' further work with their dysregulated nervous systems. We also do common therapies such as dialectical behavioral therapy, cognitive behavioral therapy and motivation enhancement therapy. Our clients also get massages, yoga and they participate in fun sober activities such as dancing, rock climbing and sports. We also take them on various experiential outings to start reintegrating them back into society. We provide our clients with specialized group and individual therapy. Spirituality is a very important value to us and we work hard on finding meaning in life in a variety of ways including the LDS church, other Christian religions, Native American ways, reading self-help books from world known authors and Eastern philosophies. We introduce the 12 step process to our clients to help them work on their individual character issues, amendments and relationship with their Higher Power. Another unique quality of our program is a rigorous case management program. We work on integrating our clients back into society through helping them find housing, work, schooling and outpatient treatment. The program at MMR is very rigorous. The clients who complete our program have an excellent chance for lifetime recovery. Our hope is that Maple Mountain Recovery graduates would not have to repeat treatment again, which is very common, as addiction is a chronic illness. Through a great deal of hard work and self-discovery we have seen a great deal of improvement and good recovery so far.

We need to be able to house up to 16 clients. With 16 clients, we are still a very small facility in Utah and national standards. We desire to keep our facility small,

so that our clients will get a lot of attention. Most of our clients have attachment injuries, which means that they suffered physical and/or emotional abandonment as children. With 16 clients, our clients will have an effective therapeutic milieu, and they also get a lot of attention. A sixteen client group is the minimum amount of clients to have in order to effectively offer individualized care such as specialized groups – gender groups, trauma groups etc. – and to have a large enough milieu for client variety. Client variety is very important in order to have a good enough ratio between clients that are working hard on their recovery and clients that are struggling with their motivation to work the program. Our client staff ratio is 2/1, which assures a safe environment for our recovery community.

We are very passionate about this work. We want to offer an exclusive treatment experience that works. We also take safety very seriously, as it is the first of our treatment values. Additionally, we are very careful to make sure that our Mapleton neighbors will not be disturbed or affected in a negative way. On the contrary, we want to show by our actions and behaviors that we are good neighbors and that we are an asset to have around. We want our Mapleton neighbors to be proud of us and our devotion to helping others succeed in life.”

If possible, we would like to be put on the schedule for the next available city council meeting. If you have any further questions or concerns regarding the content of this letter, please feel free to contact me at any time at 801-602-8336. Thank you for your help regarding this issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Bud Harper", with a long horizontal flourish extending to the right.

Bud Harper

MAPLETON CITY COUNCIL MEETING

April 30, 2013

PRESIDING AND CONDUCTING: Mayor Brian Wall

Council Members: Ryan Farnworth
Scott Hansen- Excused
Jim Lundberg
Mike Nelson
Jonathan Reid

Also Present: Cory Branch- City Administrator
Camille Brown- City Recorder
Gary Calder- City Engineer/Public Works Director
Sean Conroy- Community Development Director
Rick Hansen, Building Official
Eric Johnson, City Attorney
Chief Pettersson- Police Chief

Minutes Recorded by: Camille Brown- City Recorder

CALL TO ORDER: Mayor Wall called the meeting to order at 7:05 pm. Cl. Lundberg gave the invocation and Cl. Nelson led the pledge of allegiance.

APPROVAL OF MINUTES:

1. Approval of City Council meeting minutes- April 16, 2013

Motion: Cl. Lundberg moved to approve the minutes of the April 16, 2013 City Council meeting.

Second: Cl. Nelson seconded the motion.

Vote: Passed 4:0

PUBLIC HEARING ITEM:

- 2. Consideration of a request to convert an existing single family dwelling into a Residential Facility for Persons with a Disability located at 727 E 1100 S, and a request for a reasonable accommodation to allow up to 16 residents in the proposed facility.**

Sean Conroy, Community Development Director reviewed the staff report for those in attendance. He reported that Mr. Harper would like to convert his residence into a Residential Facility which would focus on drug and alcohol addiction. The maximum capacity is 16 adult residents at a time which would need anywhere from 30, 60 to 90 day programs. The residents would not have vehicles and would not be allowed off the property without supervision. The

subject property is located at 727 East 1100 South in Mapleton. Mr. Conroy further stated that The Federal Fair Housing Act (FHA) prohibits discrimination based on disability and drug and alcohol addiction are considered to be a disability. Federal law prohibits failure to grant reasonable accommodations to policies, rules and regulations, etc. when justified. Also the FHA does not allow exclusion of residential facilities based upon fear, speculation or stereotype about a particular disability or person with disabilities. Mr. Conroy reviewed the state law as it applies to residential treatment facilities and that they shall be permitted in all zones that allow residential uses.

Mr. Conroy stated that the Planning Commission has heard and approved this item and now the City Council needs to give approval or denial. The City Ordinance is in line with the Federal and State statutes for these types of facilities. The current ordinance allows for 3 unrelated individuals to occupy a home, however state law now requires at least 4. The applicant is requesting 16 which would be a benefit for group therapy and the ideal size would be 8 males and 8 females in order to make the program financially viable. Several questions were outlined for the Council's review of the reasonable accommodation request.

Bud Harper, the applicant, stated that he is aware there is a lot of speculation mixed with fact and fiction. He would like to talk about some of the issues regarding the facility. The program description they will have is an adult program, so no one under the age of 18 would be admitted. All residents will have to complete a detox program before entering the facility. No one is forced to come to this facility, therefore there will be no convicted individuals allowed. The program will be offered for 30, 60 and 90 days, with focus on the 90 day program, since the 90 day program is much more affective. They will open with a variety of addictions and move to a more specific prescription drug addiction facility over time. No one in the program will be walking through the neighborhood unsupervised. All activities will take place on the property or transportation will be provided by a van. Each month there will be a family day where there would be more cars around the facility than usual. In order to not burden the neighborhood, the families will be shuttled to the facility. This facility is twice the size of facilities that are in existence already. Alcohol and drug abuse is a mental disorder; substance means alcohol and drugs. Less than 16 beds would make it so that the facility would not be profitable. There are already in most facilities about 20 people on waiting lists at any period of time.

Cl. Reid asked Mr. Harper if he would be willing to stipulate to no street parking and he stated that yes he would.

Cl. Lundberg inquired about Ms. Maloney's statements about 6-8 members would be the ideal number for group therapy. If the group is too large, patients would be reluctant to share information. Mr. Harper stated that there will be up to 5 different types of therapy but all would

be together for educational things. It is common that women are not going to talk about certain issues if there are men in the room.

The public hearing was opened at 7:15 pm

Denise Maingot, 696 South 1200 East, stated that there are numerous people in the neighborhood that are concerned about this treatment facility going in and they have donated their time to research this issue. She doesn't want the council to perceive the lack of comment as lack of interest. She was the individual that put the spread sheet together about the homes in the area and how long the families have lived in this neighborhood. Also, she personally did visit all of the facilities that are listed. Most the homes in this neighborhood exceed 5000 sq. feet. The home that Mr. Harper lives in, which was built in 1980, was built for a family of 7 and at the time when Mr. Harper bought it his family consisted of 6. The neighborhood is very concerned about the type of people that this facility will bring, mostly those being transient people. Ms. Maingot talks how Mr. Harper wants to have 16 individuals and get anyone he can to enter the program. Everything is guess work, he has shown nothing as a profit and loss. She would recommend that the City Council deny this request.

Dan McDonald, Mapleton Fair Care, LLC, stated he is representing a group of citizens living in the same neighborhood as the applicant, Bud Harper, who is seeking to convert his home into a residential treatment facility for 16 recovering addicts and substance abuse users. Mr. McDonald reviewed federal cases that he has represented clients in similar matters. He stated that Courts continue to give substantial deference to local zoning laws and local zoning authorities, who are entitled to enforce their laws so long as enforcement does not result in discrimination. Mr. McDonald and their group has submitted several documents for consideration and he encouraged the council to review the documents before a decision is made. Different circuit courts are applying different laws across the country. There is not enough information from the applicant to make this decision.

Eric Johnson, City Attorney, stated that Ms. Maloney does not connect the dots as correctly as she could, she does not even say that group treatment is necessary, in light of that, to say well, there wasn't that extra dot that was needed, if the treatment was helpful to them, why wouldn't you allow them to have that.

James Ott who is a therapist and resident in Salt Lake City stated that there needs to be more treatment facilities and more programs. He stated that he was a clinical director and does not believe that this is the correct location to put this facility.

Sandra Taylor- stated that she owns the property at approximately 1057 South 800 East. They had a cash offer on their property and once the buyers heard of what was being proposed for the location to the west of her property, the buyers pulled their offer. She thinks that this will directly affect the character of the neighborhood.

Ben Card- 1090 East Falcon Circle, stated he is a past City Council member. He remembers that back in 2005 the council had to wrestle with this same type of application with Discovery Ranch. Discovery Ranch was approved along Hwy 89 which is surrounded by a high density housing zone. Our neighborhood will be changed forever, neighborhoods in Mapleton always have homes for sale, there will be huge implications if this is approved.

Richard Nance, stated that he is the Director of the Utah County Division of Substance Abuse. He stated that Mr. McDonald said that this facility should be in a commercial zone. From Mapleton alone, 36 individuals were booked into other treatment facilities within the county or into the County Jail and he thinks that it is viable for Mapleton to have a substance abuse program.

Cory Andersen, 641 West 550 South, stated that he has lived here in Mapleton for the last 8 years and he is a developer within the community. He stated that he is a recovering alcoholic, and he facilitates a 12 step meeting in Mapleton every week. He would ask the public to not be ignorant and not be hypocrites about “these people” that would be attending this program. We need to be open to this, this can be a very touchy subject, “these people” that he is one of, it is not what you think, these facilities have saved his life. He is here as a missionary for the church. This is a huge problem in his life, but that is the nature of this disease. He would ask that you as the public try to open your hearts and minds and be considerate when “these people” live in your community. He is here to shout out his addiction because he wants to help people, and would ask that the public not refer to these individuals as “riffraff or those people”.

Ron Frasier, 266 East 900 South, stated that he is all for Mr. Harper to be able to do this, but not for 16 people, 4 is plenty.

Kelly Cook- 665 East 1100 South, stated that in the Fair Housing Act, 16 is good, but why not 4, you would not be discriminatory, if you had 4 or 6, but if you had 16, you would feel the nature of the change of the neighborhood. The Federal Law is clear, you need to allow for 4 but why 16.

Rick Maingot, 696 South 1100 South stated first of all he would like to address Cory Anderson’s issues, we know they need to be helped, this is not the issue, we want to help people, but where is the appropriate place to put these people. He talked to Mr. Harper and he doesn’t

believe that this is the right place. If you need funding, let's do it, Discovery Ranch was brought up, this is an appropriate place, this is in a commercial area, with high density housing area in the back. This facility would be smack dab in the middle of a residential area, it is not the right size. No one is saying he can't have a facility, it is the number of people, there is going to be vans, at least 2 vans. The more people you have the more parking you are going to need. It doesn't have anything to do with the type of people, it is how many people are inside. Mayor it is like everyone has had their mind made up from the beginning.

Cl. Lundberg stated that Mr. Maingot seems somewhat accusatory. Cl. Lundberg stated that he does not have his mind made up and no one else has their mind made up. We have to look at the objective evidence. We have a duty to measure the evidence, he has to divorce himself from any personal opinion, speculation opinion is not evidence. He greatly appreciates the work all of you have done, you have produced subjective evidence, and in his mind he is trying to gather the evidence, which is his duty. He hopes that you don't take this questioning that his mind is made up, in the end, everyone has to measure the evidence. Thank you for what you have provided to the City Council.

Cl. Nelson stated that his sister and her husband started New Haven. He knows the process, and has visited Telos and Discovery Ranch and is familiar with other programs.

Larry Haines, 1005 South 800 East stated that almost every time a difficult issue comes up they ask for the input of the neighbors and there is not one neighbor that likes this for the neighborhood.

The Public Hearing was closed at 9:40 pm.

Eric Johnson stated that he would like to address some of the things that have been said about where this is in the community. The federal law gives the right for this use to be in this area. If people are allowed to reside in a zone then disabled people are allowed to reside in the zone. You should not apply the tests that Mr. McDonald has applied, that would be a misapplication from the 10th Circuit Court.

Cl. Lundberg stated that this facility would not lessen the character of the neighborhood. We have a legal duty to approve a facility under federal law. Ms. Maloney's evaluation of 5 and 5 in a group setting is minimal. Mixed therapy is perfectly viable and can be perfect group therapy.

Cl. Farnworth stated that with this being reasonable in the fair housing, we have to base it off of a reasonable decision, most laws can be interpreted. In his job, he has to make a judgment and initiate the arrest and has to base it on case laws.

Motion: Cl. Nelson moved to approve to convert an existing single family dwelling into a Residential Facility for Persons with a Disability located at 727 E 1100 S, and a request for a reasonable accommodation to allow up to 12 residents in the proposed facility for persons of 6 males and 6 females.

Motion failed for lack of second.

Motion: Cl. Reid moved to approve to convert an existing single family dwelling into a Residential Facility for Persons with a Disability located at 727 E 1100 S, and a request for a reasonable accommodation to allow up to 10 residents

Cl. Farnworth would like to amend to allow for 5 males and 5 females

Second: Cl. Nelson seconded the motion

Reid Nay

Nelson Aye

Lundberg Aye

Farnworth Aye

Vote: Amendment passed 3:1

Motion: Cl. Farnworth moved to approve to convert an existing single family dwelling into a Residential Facility for Persons with a Disability located at 727 E 1100 S, and a request for a reasonable accommodation to allow up to 10 residents of 5 men and 5 women

Second: Cl. Nelson seconded the motion.

Reid Aye

Nelson Aye

Lundberg Nay

Farnworth Aye

Vote: Passed 3:1

ACTION ITEMS:

- 3. The Ensign-Bickford Company requests approval of an amendment to Exhibit M-1, M-2 and M-3 of their Development Agreement as it relates to their offsite sewer alignment and crossing location for property located generally at 4000 South Hwy 89.**

Cory Branch, City Administrator, reviewed the staff report for those in attendance. The Development Agreement was signed in August of 2011. During the last City Council meeting of April 16th the applicant was before the City Council for discussions relating to offsite sewer alignments and crossing alignments. The applicant would request an amendment of the Exhibits M-1, M-2 and M-3. Mr. Branch stated that staff has reviewed this and would

Attachment "3"
Letter on Group Size Research

ROSEMONDE MALONEY, LCSW, PsyD

Mr. Bud Harper
727 E. 1100 South
Mapleton, Utah 84664

March 27, 2013

Dear Bud,

Per our conversation, below is information that you requested regarding the ideal size for group therapy:

1. *American Group Psychotherapy Association, (2007)* guidelines indicate the general size of group to be between seven to ten participants.
2. Irvin Yalom, PhD, *The Theory and Practice of Group, (2005)*
Studies with four or less members experience:
 - a) limited interaction
 - b) passivity
 - c) Negative group image
 - d) poor group development – groups should start out bigger to account for dropouts
3. Most research stipulates five to 15 members, with six to eight the ideal number for an effective group.
Battegay, (1974), Cole, (1998), and Howe & Schwartzberg, (1995).

If the group is too large clients may be reluctant or uncomfortable in expressing themselves and may not participate, and if too small, they become bored due to the lack of variety.

Six to eight group members can establish interpersonal relationships and remain interested in each other.

Stein & Cutler, *Psychosocial Occupational Therapy; A Holistic Approach*

Based on the above information, sixteen beds would be an ideal number for your residential treatment center. Although, it may appear that you would have sixteen residents participating,

the reality is this would allow for day to day activities that occur which may prevent residents from attending group on any particular day such as; discharges, admits, sick call or other miscellaneous appointments. In essence, the group size would be approximately ten to twelve members as determined to be an "ideal" number.

As discussed, your program will incorporate various types of groups to ensure a well-balanced program. One being, *homogeneous*, this particular group is composed of individuals who experience some sort of similarity, i.e., gender. If your facility was to be limited to less than sixteen, given credence to what is stated above regarding allowances for non-participation, the groups may not be successful because it would be difficult to facilitate with too few individuals. Should there be sixteen, (eight women and eight men), again taking into account those who aren't able to attend, the group process would be able to remain constant.

The literature on group size is limited and continues to be redirected to Yalom as the forerunner, and forefather of group psychotherapy. In his work, *The Theory and Practice of Group*, (2005), he clearly indicates that the most suitable number for the group process is eight members.

I hope you find this information to be beneficial. I wish you great success in the future development of your residential treatment center.

Sincerely,

R. Maloney, LCSW, PsyD

Rosemonde Maloney, LCSW, PsyD

Attachment “4”
Existing conditions as approved by City Council on 4/30/13

1. Prior to operation, the applicant shall obtain a building permit and comply with all building and fire code requirements related to the proposed facility.
2. Prior to operation, the applicant shall obtain a business license from the City.
3. Prior to operation, the applicant shall obtain a license from the Utah Department of Human Services. This license must remain active throughout the life of the facility.
4. Placement of disabled individuals in the facility shall be on a strictly voluntary basis and not part of, or in lieu of, confinement, rehabilitation, or treatment in a correctional facility.
5. No individual shall be admitted to the facility as a resident who has a history of criminal conviction, is a convicted sex offender, has been convicted of selling or manufacturing illegal drugs, is currently using drugs or alcohol, and/or who is a direct threat to the health and safety of other individuals and/or of causing substantial physical damage to the property of others.

The owner or operator of the facility shall conduct an individualized assessment of each person who desires to become a resident of the facility to determine if such person would constitute a direct threat prior to allowing occupancy of the facility by such person. The assessment shall be performed and certified by an independent medical doctor, licensed clinical social worker (LCSW), licensed professional counselor (LPC), licensed psychologist or licensed psychiatrist through a facility that is licensed and approved by the Utah Department of Human Services Division of Licensing or other equivalent licensing board of another state as a provider for substance abuse. The person performing the assessment shall perform a background check for each potential resident.

6. Prior to the occupancy of the facility and at least quarterly thereafter, the person or entity licensed or certified by the applicable regulatory state agency shall certify in a sworn affidavit to the City that based on the individualized assessment performed for each resident, no person will or does reside in the facility whose tenancy would likely constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others. The affidavit will also state that no individuals have been admitted to the facility as a resident who has a history of criminal conviction, is a convicted sex offender, has been convicted of selling or manufacturing illegal drugs, and/or is currently using drugs or alcohol. Upon request by the City, the applicant shall provide documentation to support the affidavit(s).
7. The applicant shall immediately discharge any resident who uses illegal drugs or alcohol while residing at the facility.

8. The approval of this use is nontransferable and terminates upon transfer of ownership of the facility. The approval may also be revoked if any use other than that approved is operated on site and/or if the facility is not in compliance with Mapleton City Code chapter 18.84.370.B.
9. The property shall maintain the appearance of a single family residence.
10. The City Council shall review this permit on an annual basis to ensure that the facility is in compliance with city standards and the conditions of this permit. The Council may amend the conditions of the permit if it is determined that new conditions are needed to ensure compliance with city standards.
11. No on-street parking shall be permitted by the employees, residents or visitors of the facility.