

# Despite initial “kicking and screaming” unstably housed persons report high satisfaction with representative payee program

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## Abstract

**Purpose** – *The purpose of this paper is to explore unstably housed persons satisfaction with representative payee services.*

**Design/methodology/approach** – *Surveys were distributed through two different methods, which consisted of mailings and dispersal by program staff members.*

**Findings** – *Participants overwhelmingly reported that they were satisfied with representative payee services with 77 percent of the stand-alone housing participants and 86 percent of the scattered site participants reported being “satisfied” or “very satisfied” with representative payee services. Similarly, 92 percent of stand-alone participants and 82 percent of scattered site participants reported being satisfied with their abilities to care for their needs. The lowest reported satisfaction with the program was with the timeliness of getting spending checks, with 85 percent of participants being satisfied in the stand-alone location and only 63 percent of participants reporting satisfaction in the scattered site setting.*

**Research limitations/implications** – *This research is limited by the fact that it is an evaluation of one program and does not have a comparison group. Additionally, clients self-selected to participate in the research and results are not generalizable. Future research should ascertain whether aspects of harm reduction and peer staff have an impact on client outcomes as well as representative payee satisfaction. The study was conducted in a metropolitan area in the Northeast USA, which includes the city of Pittsburgh, Pennsylvania and surrounding areas. Given that this region includes both city and suburban areas, it is likely the results are translatable to multiple geographic areas.*

**Practical implications** – *Results of this research indicate that use of harm reduction and peer staff could be factors in client satisfaction with representative payee services thereby increasing the possibility that clients will sign up for this service and receive the benefits of the program.*

**Social implications** – *Having a representative payee program imposed on clients whether voluntarily or involuntarily can be an extremely anxiety provoking experience. Increasing satisfaction with this service will lend to improved quality of life for clients as well as improved relationships with providers which may lead to more engagement in care.*

**Originality/value** – *This paper provides a new perspective on representative payee programs since it shows positive satisfaction, as well as use of harm reduction and peer staff, which varies from previous studies.*

**Keywords** *HIV, Harm reduction, Satisfaction, Housing first, Peer staff, Representative payee*

**Paper type** *Research paper*

## Background

Representative payee is a service in which the Social Security Administration (SSA) appoints an individual or an organization to provide financial management for vulnerable individuals who are

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unable to manage their Social Security Disability Income or Supplemental Security Income (SSI) payments independently. The representative payee assists in the management of the assigned individual's income, helping them pay current expenses while budgeting and saving for future needs. The representative payee receives the check, assures bills are paid for the person they represent, then disperses a spendable amount to the individual. A representative payee can be a family member or someone close to the individual needing the services, or the payee can be a qualified organization. Organizational representative payees can include social service agencies, institutions, and state or local government agencies (Social Security Administration, 2014). The current representative payee system in the USA is not specifically set up to promote housing stability among recipients, however, programs that offer this service can make that a goal of this service. Housing stability supported by representative payee services is a goal of the program described in this study.

Assignment of representative payees is shown to increase positive outcomes for unstably housed individuals. In many cases, representative payees are assigned to individuals with depressive symptoms (Weiser *et al.*, 2006), as well as severe mental illness, homelessness, and/or history of substance abuse, especially when there is a demonstrated lack of financial skills (Dixon *et al.*, 1999; Evans *et al.*, 2004; Luchins *et al.*, 2003). A randomized controlled trial assessed the impact of representative payee services on housing, quality of life, substance use, and depressive symptoms. This study demonstrated positive trends in the reduction of homelessness, as well as statistically significant decreases in money mismanagement and increases in quality of life (Conrad *et al.*, 2006). Research shows that having a representative payee decreases hospitalizations and improves treatment compliance (Luchins *et al.*, 2003). Results from Rosen *et al.* (2007) show that individuals with a payee are more likely to use psychiatric services.

The impact of representative payee services on HIV clinical outcomes remains largely unexplored in the literature. We recently completed a study that found positive outcomes among persons living with HIV and utilizing a payee, showing 89 percent of program participants achieving viral load suppression (Hawk, *et al.*, 2015). Results from a qualitative research study of persons living with HIV indicate that the provision of representative payee services is a critical step in improving clinical adherence (Davis, *et al.*, 2014). Similar results are demonstrated when clients who use a representative payee program for over a year report that the program helps them control their substance abuse (Dixon *et al.*, 1999).

Participants that were interviewed with psychiatric disabilities report a feeling of greater living stability (Elbogen *et al.*, 2007). In other research, participants reveal that the representative payee assists them with maintaining housing, controlling substance abuse, budgeting and making their money last the entire month (Rosen *et al.*, 2001; Hanrahan *et al.*, 2002). Additionally, 82 percent of surveyed individuals agree that the payee helps them prepare or learn how to budget and assists in preventing the usage of funds for substance abuse (Rosen *et al.*, 2001).

The majority of the literature on representative payees focusses on the outcomes of the program rather than satisfaction with having a payee. In the research that studies satisfaction, clients generally indicate dissatisfaction with payee services, and few studies demonstrate client satisfaction with representative payee services. Clients report higher satisfaction with a representative payee if they had prior experience with a representative payee program (Dixon *et al.*, 1999). One study reports participants having high satisfaction with a representative payee system and in particular, the budgeting parts of the system (Rosen *et al.*, 2001). Similarly, clients show satisfaction with a voluntary representative payee program, as well as develop financial skill building, better client-reported quality of life and show a decrease in drug and alcohol use (Serowik *et al.*, 2013).

Certain aspects of the payee program seem to work to improve satisfaction among users. When counseling on money management occurs, the agencies report fewer disagreements with the clients regarding financial issues (Hanrahan *et al.*, 2002). Another factor that improves representative payee satisfaction among a group of clients disabled by a psychiatric illness was education on mental illness (Rosen *et al.*, 2005). A study that interviewed 15 voluntary clients who use a representative payee program to help control substance abuse identified five major themes they found to increase the participants' satisfaction with the program: trusting the person who handled their money, knowing the daily financial activity of the client, ability to take responsibility

for their own business, ability to control addiction, and lack of coercion (Serowik *et al.*, 2013). The results of a study that explore satisfaction with the representative payee program express originally low satisfaction that eventually grew with time (Dixon *et al.*, 1999). Studies note that the longer a person was in the representative payee program, the higher the satisfaction they reported and also the less reported problems (Dixon *et al.*, 1999; Serowik *et al.*, 2013). Time in a representative payee program as well as prior experience or exposure to the program are affiliated with higher satisfaction (Serowik *et al.*, 2013).

In a comparison of payees who were family members vs payees who were clinicians, clients report similar satisfaction (Rosen *et al.*, 2005, p. 291). Participants in a study between family members as payee or clinicians as payee note non-significant differences on measure of their interaction with their payee and overall satisfaction and trust in their payee was reported to be high whether it was a family member or clinician (Rosen *et al.*, 2003).

Underlying reasons for dissatisfaction with representative payee services vary among clients. According to information from one study, 36 percent of individuals who use a representative payee service report conflict and disagreement with their payee (Elbogen *et al.*, 2007). Some individuals who use a payee program express feeling agitated because they feel overly dependent on the payee and controlled by it because of that reliance (Serowik *et al.*, 2013). Investigations into complaints regarding representative payees show that most complaints stem from a lack of knowledge of the payee duties and limits of the payee's responsibilities (Elbogen *et al.*, 2005). Lack of training and understanding of the payee's position by either the recipient or the payee result in frustration and dissatisfaction by the recipient (Angell *et al.*, 2007). Clinicians who act as payees often experience verbal abuse which indicates an area of dissatisfaction in the area of money management (Rosen *et al.*, 2001; Dixon *et al.*, 1999). Financial leverage is cited as another area of concern for individuals who have their finances managed by a payee. It is relevant that when a person has a clinician payee who uses financial leverage to promote treatment adherence, conflict occurs (Angell *et al.*, 2007). Similarly, 65 percent of participants do not feel withholding money is a useful way to improve treatment adherence (Elbogen *et al.*, 2005).

The Open Door is a 15 unit supportive housing program and representative payee service for chronically homeless persons living with HIV who also suffer from co-occurring disorders of serious mental illness and active substance use. Our program approach is based on both harm reduction and housing first beliefs that vulnerable and at-risk homeless individuals are more responsive to interventions and clinical interventions if they are stably housed. Further exemplifying our harm reduction approach, all of our staff are peers to the program, meaning they are living with HIV and/or have had mental health, addiction and housing instability in their personal lives. Our clients' receipt of services from staff who have "been there" provides a unique ability to build quick trust and rapport as well as create a supportive community environment. Our harm reduction approach is strengths based, offering incentives for positive behaviors rather than punitive measures for negative behaviors. The only goals that we impose on our clients, other than engagement in care, is to respect their fellow residents and peer staff in their attitudes and actions and to sign up for representative payee services. As the harm reduction model subscribes, all other goals come directly from the client and there is no expectation that clients reduce or eliminate risk-related behaviors such as substance use.

Clients are referred to the program if they have had trouble with housing stability due to various reasons including inability to establish healthy landlord/tenant/neighbor relationships, criminal background issues, and late or missed rental payments leading to a history of evictions. Due to this history, clients are informed that if they choose to move into the supportive housing program they must voluntarily sign up for representative payee services in order to be accepted into the program. Most clients are initially resistant to signing up for the payee program but do so in order to be a part of the program. After moving into the supportive housing program residents are encouraged to find independent housing during a two year transitional time period. The amount of time that clients live in the supportive housing varies from person to person anywhere from three months to more than two years. When residents voluntarily decide to leave the supportive housing program, they are offered the option to continue the representative payee program at

their new independent housing and 100 percent of residents have elected to continue the payee program since its initiation in 2009. At the time of this study, the program had 29 persons that were receiving representative payee services that were not currently living in the supportive housing program. Our current study assessed satisfaction with representative payee services across both of these populations, those who were currently living in the supportive housing program with representative payee and those who had previously lived in the supportive housing program but were now living in independent housing with representative payee services only. All representative payee services are provided free of charge to both populations of clients.

The researchers conducted in depth qualitative interviews with residents of a supportive housing program to understand mechanisms that led to successful engagement in medical treatment and adherence to Highly Active Anti-Retroviral Treatment to the point of viral suppression, which is the optimal outcome for patients living with HIV. To our surprise, residents overwhelmingly report that the representative payee services are an integral part of their success. Even after the majority of participants report that they had come into the representative payee program “kicking and screaming,” they later report seeing the program as a great benefit to them (Davis, *et al.*, 2014). Building on these positive sentiments from our qualitative interviews we set out to determine if participants from both our stand-alone housing program and the scattered site program are satisfied with the representative payee program. The study was conducted in a metropolitan area in the Northeast USA, which includes the city of Pittsburgh, Pennsylvania and surrounding areas. Given that this region includes both city and suburban areas, it is likely our results are translatable to multiple geographic areas.

## Methods

Surveys were distributed through two different methods, which consisted of mailings and dispersal by program staff members. Surveys were mailed to 29 clients that were located in scattered site, independent rental housing across Southwestern Pennsylvania and 13 surveys were personally distributed by program staff to the individuals that reside in the stand-alone supportive housing building. All participants that received a survey were enrolled in the representative payee program. Each survey included a letter introducing the purpose of the study and noting that a \$10 food voucher would be distributed to each participant that returned a completed survey. In addition, the letter explained that the survey was completely voluntary and names would not be attached to the survey so the researcher would not be able to identify and/or coordinate responses with individuals, making the answers confidential. A total of 42 surveys were sent and 35 were returned completed for a return rate of 83 percent. All 13 of the participants in the stand-alone housing program returned their surveys for a return rate of 100 percent, and 22 of the 29 scattered site individuals returned completed surveys for a return rate of 76 percent. A range of questions were asked to better understand the impact of a representative payee service on clients' lives. Three questions dealt specifically with satisfaction with representative payee services for which each question started with “Overall, how do you feel about [...]” then three questions followed this statement which were, “the program being your payee?” “the ability to care for your needs?” and “the timeliness of getting your spend checks?” The range of possible answers included very dissatisfied, somewhat dissatisfied, neither satisfied or dissatisfied, somewhat satisfied, and very satisfied.

## Results

Participants from both the stand-alone and scattered site housing locations overwhelmingly reported being satisfied with the representative payee program: 77 percent of the stand-alone housing participants and 86 percent of the scattered site participants reported being “satisfied” or “very satisfied” with representative payee services. Similarly, 92 percent of stand-alone participants and 82 percent of scattered site participants reported being satisfied with their abilities to care for their needs. The lowest reported satisfaction with the program was with the

timeliness of getting spending checks, with 85 percent of participants being satisfied in the stand-alone location and only 63 percent of participants reporting satisfaction in the scattered site setting.

## Discussion

For those persons who are homeless and have poor credit histories and criminal backgrounds, having a representative payee service can give them new lives. With this service, many landlords are willing to give them a chance for tenancy. For those persons that are at risk for homelessness, the representative payee enables clients to get caught up on back rent and rebuild a trusting relationship with their current landlord once they see that monthly rent checks are reestablished. In both cases, the more money that is going to rent each month means the less amount available for street drugs, further allowing clients to have more control over their drug use. This improved control enables them to not only be healthier selves but also to be better tenants and neighbors.

This study demonstrates the value of sourcing data beyond clinical or “hard” measures of success, and including client satisfaction and acceptance of services as important programmatic outcomes. The voices of clients who receive services must be considered as an important data point for providers, clinicians and researchers. Understanding clients’ perspectives of services and how they translate the receipt of those services into perceived success is critical to improving service delivery and increasing the likelihood of achieving targeted program outcomes.

Additionally, the representative payee service was so highly touted among our residents in previous qualitative interviews that it not only changed the way we thought about this program resource but enabled us to expand this program to clients that had never been served by our stand-alone housing program. We are now not only improving the lives of homeless persons living with HIV but we are actually preventing homelessness from occurring by engaging people in the representative payee services before homelessness becomes an issue. We would have never considered this without clients’ thoughtful feedback from previous qualitative research, which is why the current study is important in continuing to assess satisfaction with services. Assessing client satisfaction with services is critical for program evaluation and improvement, as well to enhance the practitioners’ understanding of mechanism of success.

Results of this current study contrasted greatly with previous studies of satisfaction with representative payee services. Participants overwhelmingly reported that they were satisfied with representative payee services. The small negative feedback demonstrated in this study was that 27 percent of scattered site participants were dissatisfied with the timeliness of receiving their spending checks. This is a programmatic issue that the supportive housing program staff is aware of and currently working on. Before participating in the representative payee program, persons would receive their spending check the same day that social security issues the check. Once enrolled in the program, participants must wait for the payee to ensure the check is received in the account and then send the spending check in the mail, leading to a lag time of one to three days before the participant receives his check. The participants in the stand-alone program do not have such a delay because program staff hand out the checks at the site the same day that the social security deposits it in the bank. Program staff members are working to reduce this lag time for scattered site participants by moving to a card system where the extra spending check monies can be directly deposited onto the participants’ debit cards the same day that checks are deposited into the bank by the SSA.

Additional research is necessary given that our results varied greatly from previous literature. We plan to continue to assess what it is about our program that has been seen so positive for clients. We suspect that our harm reduction philosophy that provides a mutual respectful relationship between peer staff and clients in the program is central to our clients’ satisfaction and we are working on measuring such outcomes in future research. It appears that both harm reduction and client-centeredness could be important mechanisms to improving satisfaction with services. Our results indicate that we could increase positive outcomes for our clients if we could improve overall satisfaction with our program services.

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