SACA Young Adult II
Year 19
Fast Track Project Technical Report
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Citation

Instrument

Stiffman, A. R., Horwitz, S. M., Hoagwood, K., Compton, W., Cottler, L., Bean, D. L., Narrow, W. E., & Weisz, J.R. (2000). The Service Assessment for Children and Adolescents (SACA): Adult and child reports. Journal of the American Academy of Child and Adolescent Psychiatry, 39(8), 1032-1039.

Report

Godwin, J. (2011). SACA Young Adult II (Technical Report) [On-line]. Available: http://www.fasttrackproject.org/

Data Sources

Raw: c19cl1

Scored: myr19

I.   Scale Description

SACA Young Adult II is a brief version of the SACA (Stiffman et al., 2000) administered to study youth to collect information on the use of mental and general health services. The measure includes 4 'gate-level' questions about services for emotional, behavioral, drug or alcohol problems in the previous year from 3 different types of facilities: inpatient, outpatient, school/work services. The fourth 'gate-level' question asks about services for sexually transmitted diseases.

If a type of services was utilized additional data was collected, including the following:

- Specific type of facility used
- Number of stays/treatment episodes
- Length of longest stay/treatment episode

Details regarding treatment for sexually transmitted diseases are divided into inpatient and outpatient services.

The measure also collects information about police and court contact including:

- Whether the study participant had any police or court contact in last year
- Type of contact (for example, arrest, warning, psychological evaluation, probation, court appearance, sent to correctional facility, and sentences to public service)
- Number of times participant had police or court contact in the last year

II. Report Sample

The explanatory analyses in this report are conducted on the Cohort 1 normative (n=387) and high-risk control samples (n=155, N=463 with overlap) in year 19. Eighty-four participants are missing the entire measure (18% of the sample), including 73 from the normative sample (19% of the sample) and 30 from the high-risk control sample (19% of the sample). The respondents who did not complete the measure include 14 youth from Durham (11%), 32 from Nashville (30%), 15 from Penn State (12%), and 23 from Seattle (21%).

III. Scaling

Five dichotomous scales were derived for this measure.

1. Any inpatient services for emotional, behavioral, drug or alcohol problems in last year (myr19inp), examples include:

   - Psychiatric hospital
   - Drug and alcohol treatment unit
   - Residential treatment center
   - Foster care
   - Detention center/prison/jail

2. Any outpatient services for emotional, behavioral, drug or alcohol problems in last year (myr19out), examples include:

   - Counseling services
   - Drug and alcohol clinic services
   - Probation/detention center/court counselor services
   - Counseling services from a religious leader

3. Any special education services at school/work for behavior or emotional problems in last year (myr19sed)

   - Special school for behavioral or emotional problems
   - Special classroom for behavioral or emotional problems
   - Counseling at school

4. Any treatment services for sexually transmitted disease (myr19std)

5. Any police or court contact in the last year (myr19pol)

IV. Differences between Groups

Chi-Square tests of independence between the high-risk control and the low-risk normative sample were conducted for the 5 scales.

The results for many of the tests, however, are questionable given the low frequency of use for many services. A test may not be valid if fewer than 5 respondents in a sample (normative or control) were expected to meet the diagnosis criteria (or the diagnosis plus impairment criteria). An * indicates that fewer than 5 respondents in both samples were expected to meet the criteria, while an ** indicates that fewer than 5 respondents in one sample were expected to meet the criteria.

The hypotheses of independence between risk category (high-risk control and normative) were rejected at the 0.05 significance level for any of the scales.

The high risk control sample had rates higher than the normative sample for all scales except for use of school/work services and treatment for STDs.

Chi Square Test for Normative and Control for Dichotomous Scored Variables								
		Pct Used Services				Chi		
Variable		Norm	Control	DF	N	Square Statistic	P-value	
Any inpatient services for emotional or behavioral problems in last yr yr19	myr19inp	0.04	0.05	1	377	0.43	0.51	**
Any outpatient services for emotional or behavioral problems in last yr yr19	myr19out	0.12	0.14	1	376	0.15	0.70	
Any sch/work services for emotional or behavioral problems in last yr yr19	myr19sed	0.02	0.02	1	375	0.13	0.72	**
Any treatment for STDs in last yr yr19	myr19std	0.02	0.02	1	375	0.34	0.56	**
Any police or court contact in last yr yr19	myr19pol	0.05	0.10	1	376	2.72	0.10	

V. Recommendations for Use

The SACA Young Adults provides information on mental health service use. Analysts can examine group differences in degree and pattern service use as well as examine the relationship between characteristics of service use with predictors from other instruments.

Analysts should note that the time frame from service use in SACA Young Adult and SACA Young Adult II differs. In year 19, the measure collects information about the past 12 months, whereas the previous version in years 14 and 15 collects information about the previous 2 years.

Analysts should note the degree of response for services before generating descriptive statistics or using outcomes in statistical models. In general, most distributions will be 'zero-modal' so examination of distribution characteristics is highly advised.