

testing youth only if accompanied by a parent or in the case of a sexual assault. Five UCC provided PAP/HPV tests to youth, and only two offered HPV vaccination. Four UCC offered emergency contraception to youth, 7 referred patients, and 7 did not offer them at all. Two UCC offered youth long-acting contraception for the 1st month only or a script, then referred youth to a primary health care provider (PHCP). Most UCC referred patients to health departments (HD) or a primary health care provider (PHCP) for services that may require repeat visits or follow-up. All UCC required some form of payment for services, with STI testing ranging between \$100 and \$500, not including visit fees. Several UCCs mentioned that youth were often reluctant to use insurance if they were on their parent's policy. Youth unable to pay cash or use insurance for services were referred to the HD.

Conclusions: Varying protocols around parental permission, treatment options (onsite testing, but referred treatment) and costs limits UCC accessibility and use for some youth, especially those with limited economic resources. UCC can serve as an option for STI and reproductive services for youth, offering the ability to access many services confidentially. Interventions to facilitate or deepen UCC partnerships and referrals to collaborating providers might help reduce patient point-of-care costs and link them to other care sources to expand the safety net of STI and reproductive health services for youth.

Sources of Support: Research conducted as part of work duties.

3.

IMPACT OF PARENT-ADOLESCENT RELATIONSHIP QUALITY AND SEXUAL HEALTH COMMUNICATION ON PARENTAL WILLINGNESS TO SUPPORT ADOLESCENT USE OF PRE-EXPOSURE PROPHYLAXIS FOR HIV: LESSONS FOR POST-PANDEMIC SEXUAL HEALTH INTERVENTIONS

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Purpose: Pre-exposure prophylaxis (PrEP) is a safe and highly effective method of HIV prevention, yet PrEP use among US adolescents at risk for HIV has been low. Sexual health communication between parents and adolescents has been shown to decrease teen pregnancy and increase condom use, but data are scarce on the impact of communication on PrEP use. We wanted to understand parents' perspectives on PrEP and the role of parent-adolescent relationship quality and sexual health communication on parents' willingness to support their adolescent using PrEP ("PrEP willingness"), to inform post-pandemic interventions to improve PrEP uptake among adolescents at risk for HIV.

Methods: We conducted N=34 in-depth interviews (IDIs) with parents of adolescents recruited from clinical sites in four US cities (Tampa, FL; Baltimore, MD; Chicago, IL; Denver, CO) as part of a larger, multi-center study on adolescents' and parents' involvement in HIV prevention research. IDIs were conducted by research staff using a semi-structured interview guide. IDIs were recorded, transcribed, and de-identified. A coding structure was developed using a step-wise iterative process as follows: 1) Initial codes were generated from interview guide topics; 2) literature review was used to provide theoretical foundations for codes on "relationship quality" and

"sexual health communication"; 3) three authors (JR, RAS, AK) independently applied initial codes to two transcripts, iteratively discussing coding conceptualizations and discrepancies, and revised the coding structure accordingly; 4) the first author trained the fourth author using four transcripts, discussing coding discrepancies and revising coding structure. Preliminary themes were identified using applied thematic analysis, a rigorous and inductive process of identifying and examining themes from textual data.

Results: Parents were almost universally supportive of PrEP as a theoretical HIV prevention method for all populations. Two groups of parents emerged: "low" and "high" willingness to support their own adolescent using PrEP. Low willingness parents tended to either 1) not be aware of their child's sexual experiences, and/or 2) perceive their child as being at low risk for HIV transmission. High willingness parents expressed more open and specific sexual health communication with their child and used supportive and engaged language when describing their relationship with their child. Few parents in either the low or high willingness groups reported concerns about the efficacy or safety of PrEP, but those who did cited side effects more often than other concerns. Parents were supportive of clinic and school-based supports for parents and adolescents to improve sexual health communication and HIV prevention efforts.

Conclusions: Parents were largely supportive of PrEP as a general approach to HIV prevention, and largely willing to have their own adolescent use it. Parents with more engaged and supportive relationships, and those with more specific and open sexual health communication tended to express more PrEP willingness. Future work should focus on incorporating parents into PrEP uptake interventions given their key roles in adolescents' sexual health, while acknowledging pandemic-related changes to parents' and adolescents' relationships and contexts.

Sources of Support: National Institute of Mental Health (1K23MH123335-01, PI: Rusley) and the Adolescent Trials Network for HIV/AIDS Interventions (ATN, U01 HD040533 and U01 HD 040474).

4.

"WHO ELSE HAS THAT OPPORTUNITY BUT US?": ACUTE HOSPITALIZATION AS AN OPPORTUNITY TO ENGAGE YOUNG PEOPLE WHO INJECT DRUGS INTO TREATMENT

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Purpose: Hospitalized young people who inject drugs (YPWID) suffer from high hospital readmission rates, recurrent infections, and repeat surgical interventions, all of which contribute to high mortality and long-term disability. As hospitalization presents an opportunity to engage YPWID into treatment, there is an urgent need to identify strategies to engage and retain this vulnerable population into treatment. Our study examines barriers and facilitators to OUD treatment engagement among hospitalized YPWID.

Methods: We recruited 26 participants representing key stakeholder groups (hospitalized YPWID ages 18-30 years [n=6], hospital social workers [n=7], and nurses and other clinicians [n=13]). Participants were identified using purposive sampling. They completed 20-75 minute semi-structured interviews asking about barriers and facilitators for engaging YPWID into treatment. The interview guide was

informed by the Capacity-Opportunity-Motivation and Behavior (COM-B) framework. Interviews were audio-recorded and transcribed verbatim. Interviews were analyzed iteratively using rapid analytic methods. Transcribed interviews were placed in a summary matrix based on interview guides used to identify broad domains at the patient, provider and health system level informed by our theoretical framework. We then identified themes, sub-themes and concepts related to each domain, including exemplar quotes.

Results: Emergent themes define hospitalization as a critical window to engage YPWID into treatment. Hospitalization influences treatment-seeking behaviors across the COM-B domains of capability, motivation, and opportunity. Hospitalization was viewed as potentially positive as YPWID had greater intrinsic motivation because of their acute illness and providers were able to leverage family and community supports to engage YPWID into treatment. Hospitalization was also viewed as a potentially retraumatizing experience as YPWID experienced significant health anxiety, chafed at restrictive hospital policies, and were vulnerable to provider stigma. Preliminary analyses show possible intervention points at the patient, provider, health system, and community level. While current practice focuses on medications to treat opioid use, a recurrent theme suggests YPWID would benefit from more holistic approaches to treatment engagement: more intensive behavioral health engagement, improved identification and interventions for trauma, and improved linkage to social and community supports that promote recovery and abstinence. Multiple themes highlighted the importance of using patient-centered and trauma-informed communication to build on trust, respect patient autonomy, to let patients feel cared for, and to build on the assets and skills YPWID possess to support their own motivation and treatment-seeking desires. Because social-connectiveness remains highly valued at this developmental stage, stakeholders found value in linking YPWID to those with lived experience and pro-recovery community supports spanning hospital to discharge home. For the many YPWID experiencing violent or coercive relationships, hospitalization was viewed as an opportunity to link to community resources and hospital-based interventions interrupting trauma.

Conclusions: Hospitalization represents both a window to engage YPWID into treatment, and also a source of stress and possible retraumatization. Our findings suggest key intervention points at the patient, provider, and health system level focused on strengthening interpersonal relationships, linking to community supports, and offering behavioral health treatment in addition to medication are necessary to reduce morbidity and mortality among this vulnerable population.

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5.

FROM RESEARCH TO LEGISLATION: A QUALITATIVE CASE STUDY OF MASSACHUSETTS' 2018 CARE ACT EXPANDING EMERGENCY DEPARTMENT INITIATION OF MEDICATION FOR OPIOID USE DISORDER

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Purpose: Many individuals with opioid use disorder or opioid overdose do not receive the recommended life-saving medication for opioid use disorder (MOUD), particularly adolescents and young

adults. During the COVID-19 pandemic, opioid overdoses have substantially increased and existing health disparities in treatment access have worsened. Initiating treatment with MOUD for individuals presenting with opioid overdose to the Emergency Department (ED) has been demonstrated to increase access and improve treatment retention, decrease opioid use, and is cost-effective. ED MOUD induction programs now exist throughout the US, though Massachusetts was the first state to pass legislation in 2018 mandating that all acute-care hospitals that provide emergency services must be able to provide opioid agonist MOUD for individuals presenting with opioid overdose. We sought to characterize the formulation and policy-making process for this groundbreaking legislation, with particular attention to the role of research, personal stories, economic and public health considerations, and whether and how the specific needs of youth were addressed.

Methods: We conducted semi-structured qualitative interviews between August and November 2019 with 10 key stakeholders from Massachusetts involved in the policymaking process from multiple sectors including state government, hospitals, physicians, and related recovery and behavioral health organizations. Two coders analyzed transcripts using a hybrid inductive-deductive approach based on themes identified using an iterative process. The study was deemed exempt as non-human subjects research by the Johns Hopkins School of Public Health IRB.

Results: Key themes identified regarding factors in the policymaking process included the pressing need for action amidst an opioid overdose crisis and the strong role of research. Stakeholders agreed that the evidence was unequivocal that ED inductions save lives: "The fact that there's clear research and data that makes MAT evidence-based was critical...if you're objective and you're really concerned about the people coming into your hospital and your ED and you look at the research, it's clear." Additional themes including multiple stakeholders coming together to collaborate throughout the process, overcoming financing and feasibility concerns including the necessity of budget-neutral legislation, processes taken to move towards feasible implementation, and a complete lack of youth consideration during the policymaking and initial implementation planning process.

Conclusions: These study results suggest that rather than personal stories, research supporting the effectiveness of ED MOUD induction was the driving factor in passing the Massachusetts legislation, and that the success of this legislation is attributable to diverse stakeholders collaborating towards a common goal of increasing access to evidence-based treatment in an attempt to respond to the opioid epidemic. The unique needs of youth were not addressed in this policymaking process, and should be considered in future implementation and policymaking. Policymakers and advocates in other states may look towards this legislative process in Massachusetts as a model for implementing similar legislation as states grapple with worsening opioid-related morbidity and mortality in the wake of the COVID-19 pandemic.

Sources of Support: Alinsky, Silva: T32HD052459.

6.

UNDERSTANDING THE ROLE OF INSURANCE IN THE TRANSITION TO ADULT CARE FOR ADOLESCENTS AND EMERGING ADULTS WITH SPECIAL HEALTHCARE NEEDS (AEASHCN): A QUALITATIVE STUDY

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