

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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Purpose: Adolescents and Emerging Adults with Special Healthcare Needs (AEASHCN) must develop self-management skills in preparation for transition to adult-based care. However, AEASHCN are not being adequately prepared for transition, resulting in poor health outcomes for some AEASHCN during the transfer period. These poor health outcomes are greater for AEASHCN who are underinsured (public insurance or self-pay). The purpose of this study is to qualitatively explore the role of insurance in the preparation, transfer, and engagement stages of transition for AEASHCN from three subspecialty services at a large, urban children's hospital.

Methods: This study included a convenience sample of participants from a cohort of 137 AEASHCN from the Gastroenterology, Rheumatology, and Renal clinical services who participated in a randomized control trial (RCT) designed to promote health self-management. Participants were 18–25 years of age. All genders and race/ethnic groups were included. One-to-one qualitative interviews were performed using open-ended, semi-structured questions to elicit the participant's experience with preparation for and experience with transition from pediatric- to adult-based care. Interviews were conducted until saturation was reached. Interviews were audio-taped, transcribed, and verified for accuracy. Demographic characteristics were summarized using descriptive statistics. Qualitative responses were analyzed using the Framework Method. All authors reviewed a subset of the transcripts to generate initial codes for repeated phrases and topics, which were applied to transcripts until no new codes were identified. Transcripts were read and coded independently by pairs of coders. Discrepant codes were discussed until consensus was reached. Using Atlas.ti, the codes were indexed and sorted into larger subthemes and final themes. All coded quotes were reviewed by the coders, and overarching themes were agreed upon.

Results: Twenty-eight AEASHCN participated in the study. Preliminary results indicate that underinsured AEASHCN were less satisfied with adult-based care than privately insured AEASHCN. Regardless of insurance status, AEASHCN discussed difficulties with affording adult-based care. Many AEASHCN who were underinsured described suddenly aging out of Medicaid and did not know how to obtain alternative insurance. AEASHCN did not report having discussions about insurance during the preparation to transition. When asked how the transition process could be improved, AEASHCN wanted recommendations for adult providers or assistance with transferring medical records, but did not cite needing better insurance information.

Conclusions: Regardless of insurance status, AEASHCN were surprised by the complexity and limitations of their insurance, and did not understand the role of insurance in transition challenges. Both insured and underinsured AEASHCN experienced financial barriers to receiving adult-based care. Being underinsured resulted in AEASHCN forgoing or being unable to secure adequate adult-based care. Insurance was perceived by AEASHCN as outside of their influence or locus of control; therefore, discussions about insurance prior to transfer should be facilitated by and assigned to key members of the clinic staff, such as social workers and pediatric providers. Materials to help AEASHCN better understand insurance as it applies to their specific adult-based care would benefit from a developmental lens

that focuses on AEASHCN motivations and empowerment to transition to adult-based care.

Sources of Support: Health Resources and Services Administration (R40MC30764).

PLATFORM RESEARCH PRESENTATION I: BEHAVIORAL IMPACT OF COVID-19 PANDEMIC

7.

MENTAL HEALTH AND SUICIDE RISK DISPARITIES AMONG SEXUAL AND GENDER MINORITY ADOLESCENTS DURING THE COVID-19 PANDEMIC: FINDINGS FROM CDC'S NATIONALLY-REPRESENTATIVE COVID EXPERIENCES SURVEYS

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Purpose: Sexual and gender minority (SGM) youth experience more negative mental health conditions, like depression and suicidal ideation, than cisgender and heterosexual youth. However, relatively little data exist on the COVID-19 pandemic's effects on mental health and suicide-related disparities. Factors associated with poor mental health (e.g., physical isolation, increased time at home with parents/caregivers) changed during the pandemic and may differentially impact SGM youth. This presentation describes findings from a recent web-based, longitudinal survey of U.S. adolescents, comparing SGM to non-SGM youth across key mental health and suicide outcomes over two waves of data collected during the pandemic.

Methods: CDC's Division of Adolescent and School Health contracted with NORC at the University of Chicago to conduct the longitudinal COVID Experiences Surveys, an assessment of the pandemic's impact on the health and well-being of children and adolescents. Adolescent respondents age 13–19 were recruited using AmeriSpeak®, NORC's probability-based survey panel representative of the U.S. household population (Wave 1: Oct–Dec 2020, n=727; Wave 2: Mar–May 2021, n=569). Respondents reporting their sexual identity as lesbian, gay, bisexual, or something else were categorized as sexual minority. Respondents reporting a gender identity different than their sex assigned at birth (e.g., assigned male at birth/identified as female, assigned female at birth/identified as male), identified as transgender, or identified as not male, female, or transgender were categorized as gender minority. Youth not identified as sexual or gender minority were categorized as non-SGM. Mental health and suicide risk were operationalized with validated measures adapted from state and local Youth Risk Behavior Surveys and the Flint Adolescent Study, including stress, mental health quality of life, symptoms of depression and anxiety, and suicide-related behaviors. Chi-square tests compared mental health and suicide outcomes across SGM status. Odds ratios (OR) and 95% confidence intervals (CI) were estimated.

Results: At wave 1, 12.4% adolescents identified as sexual minority and 3.6% as gender minority. Across both waves, SGM youth were more likely than non-SGM youth to report their mental health was not good half or more days in the prior two weeks (Wave 1: OR=3.08, 95% CI:1.68–5.66) (Wave 2: OR=3.20, 95%CI:1.74–5.88). SGM youth were more likely than non-SGM youth to report high or very high