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Abstract

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Preliminary HCM-Reported Adherence to the BRIDGES Manual During Implementation in Puerto Rico

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ABSTRACT

Introduction. Implementation fidelity refers to the extent to which an intervention is delivered as intended. Adherence is a core component of fidelity; content adherence concerns whether prescribed intervention activities are delivered. Assessing adherence can identify delivery variation and inform implementation support, providing context for interpreting patient-level outcomes. BRIDGES is a manualized, culturally adapted healthcare manager intervention targeting care coordination and patient activation among Latinxs with serious mental illness. **Objective.** To describe preliminary healthcare manager (HCM)-reported content adherence during ongoing BRIDGES implementation in Puerto Rico. **Method.** This preliminary descriptive analysis used session-specific fidelity checklists completed by HCMs after BRIDGES sessions across sessions 1- 12 for 22 participants. Adherence was calculated [Yes/(Yes + No) × 100] for applicable checklist items. Non-applicable items and missing responses were excluded from the denominator; missingness was summarized separately. Pooled adherence was calculated across applicable items from all participants and sessions. Session-specific estimates represented mean checklist adherence percentages. Frequencies and percentages characterized adherence. **Results.** Pooled HCM-reported content adherence was 89.4% (2,013 Yes responses out of 2,252 applicable responses). Mean session-specific adherence ranged from 82.4% to 100.0%, with contributing checklist counts ranging from 1 to 22. The 100.0% estimate represented a single checklist. Later sessions included fewer checklists; these descriptive comparisons do not establish a longitudinal trend. **Conclusions.** Preliminary findings suggest that HCMs reported delivering most prescribed BRIDGES activities. Ongoing fidelity monitoring can identify delivery patterns, guide targeted supervision, and assess whether adherence becomes more consistent over time. Interpretation is limited by self-report, preliminary data, and assessment of content adherence only.

Keywords: implementation fidelity, content adherence, healthcare managers, serious mental illness.