Program to Access Treatment for HIV and Support (PATHS)
Bi-Annual Monitoring Report

Prepared by the
Manitoba HIV Program

July 8, 2024 to December 31, 2024

MANITOBA
HIV PROGRAM

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KEY FINDINGS

- A total of 216 people living with HIV (PLHIV) were referred to PATHS during the reporting period; 61 were assigned to care, while 151 remained on the waitlist.

- The majority of PLHIV referred to PATHS were female, with a median age of 36.

- Among those assigned to PATHS, 44.3% were female, and 54.0% self-identified as Indigenous; only 3.3% reported no history of substance use.

- 92% of PLHIV assigned to PATHS were successfully located and engaged by PATHS.

- 64% of PLHIV assigned to PATHS initiated HIV treatment, and 46% achieved a suppressed viral load, compared to 30% and 20% respectively among PLHIV on the waitlist.

- The median time from PATHS assignment to linkage to HIV care was notably short, indicating effective engagement strategies.

- At 7th Street Health Access Centre, emergency department visits decreased following PATHS assignment, suggesting improved health stabilization.

- The PATHS nurse delivered a wide range of clinical interventions, the most frequent being requests for medication refills and mental health and substance use assessments.

- PATHS offered and facilitated a broad range of non-clinical interventions, from cultural, social and service coordination supports to housing, mental health and substance use supports.

- The PATHS model demonstrated success in reaching and supporting PLHIV who were previously disengaged or precariously linked to HIV care, particularly those facing complex health and social challenges.

LIST OF ABBREVIATIONS

AHWC	Aboriginal Health and Wellness Centre of Winnipeg Inc.
ART	Antiretroviral Therapy
ED	Emergency Department
FTE	Full Time Equivalent
HIV	Human Immunodeficiency Virus
HSLTC	Department of Health, Seniors and Long-Term Care
ISC	Indigenous Services Canada
KIM	Keewatinohk Inniniw Minoayawin Inc.
NHR	Northern Health Region
Nine Circles	Nine Circles Community Health Centre
NHR	Northern Health Region
NP	Nurse Practitioner
OAT	Opioid Agonist Therapy
PATHS	Program to Access Treatment for HIV and Support
PLHIV	People living with HIV
PMH	Prairie Mountain Health
PSR	Psychosocial Rehabilitation
STBBI	Sexually Transmitted and Bloodborne Infection
WRHA	Winnipeg Regional Health Authority

GLOSSARY OF TERMS

Term	**Definition**
Assigned to PATHS	Person living with HIV who has been referred to PATHS and who has been assigned to a PATHS team for care
Engagement	In a psychosocial rehabilitation (PSR) framework, engagement is the initial phase where the focus is on building trust and rapport with the individual. Outcomes are highly dependent on the development of a productive and responsive partnership between the PATHS pod and participant. Key goals include: • Establishing a therapeutic relationship. • Understanding the person's needs, strengths, and goals.

	• Motivating the individual to participate in services. • Reducing stigma and fear associated with medical services.[i]
Linked to HIV care	The earliest date at which a person living with HIV assigned to PATHS was reported as being on HIV treatment and having had at least one HIV intake or monitoring lab completed since the date of assignment
Located	Person living with HIV who has been referred to PATHS and who has been assigned to a PATHS team for care and who has had one or more encounter(s) with PATHS
Macro	A customized template that is used at PATHS host sites to standardize the collection of client-specific data to evaluate the clinical indicators of PATHS
On HIV treatment	a) For PLHIV *assigned* to a PATHS pod "on HIV treatment" is documented by the PATHS nurse as being "on HIV treatment," and b) For PLHIV *on the waitlist* for PATHS, "on HIV treatment" is a Manitoba eChart record of ART dispensation with three months of the reporting period
PATHS pod	An interdisciplinary team based out of a PATHS host site; typically includes a nurse, social worker and at least one outreach worker
PATHS waitlist	Person living with HIV who has been referred to PATHS but has not been assigned to a PATHS team for care
Recovery	As defined in PSR, a deeply personal and unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles; a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness; emphasizes hope, empowerment, cultural relevance, community integration, and whole-person wellness.[ii]
Rehabilitation	In a PSR framework, rehabilitation is the final phase which emphasizes recovery and reintegration into society. It supports individuals in reclaiming meaningful roles and independence. Key components include: • Vocational training and supported employment, • Social skills development, • Independent living skills (budgeting, cooking, hygiene), • Community integration and peer support networks. The goal in rehabilitation is to empower individuals to live fulfilling lives with autonomy and dignity.[i]

Stabilization	In a PSR framework, once engagement is achieved, the next step is to address acute symptoms or crises that may interfere with functioning. This phase focuses on: • Managing acute physical and mental health symptoms • Ensuring safety and basic needs (housing, food, medical care), • Supporting access to substance use treatment if appropriate, and • Providing crisis intervention and medication management. The goal in this phase is to create a stable foundation for further therapeutic work.[i]
Supported by PATHS	Person living with HIV who has been referred to PATHS and who has been assigned to a PATHS pod for care and who has had at least one encounter with PATHS
Suppressed viral load	a) For PLHIV *assigned* to a PATHS pod, "suppressed viral load" is documented by the PATHS nurse as having a suppressed viral load (most recent viral load test result is <200 copies/ml), and b) For PLHIV *on the waitlist* for PATHS, "suppressed viral load" is a Manitoba eChart viral load test report within the six months prior to the reporting period with a value of <200 copies/ml
Transitioned	Refers to the process by which a PATHS client moves from receiving services within the PATHS pod to being supported by longer term primary care services. Transitioning occurs when the client meets established criteria for stability in health, housing, and self-management, and when appropriate supports are in place to maintain and sustain their health status. It signifies the conclusion of PATHS involvement and the assumption of care by the primary care team.
Treatment	In a PSR framework the "treatment phase" involves structured interventions to address underlying psychological, emotional, and behavioral issues. It may include: • Medication adherence support, • Skills training (e.g., coping, communication, emotional regulation), • Family psychoeducation and involvement. The focus is on symptom reduction, improved functioning, and preparation for reintegration into community life.[i]

ABOUT THE MANITOBA HIV PROGRAM

The Manitoba (MB) HIV Program is a provincially coordinated initiative that provides and supports evidence-informed care and treatment to people living with HIV (PLHIV) across MB. The goal of the Program is to deliver equitable and high quality HIV care, primary care and support throughout MB. The MB HIV Program and partners provide care through a network of specialized, primary care and community-based sites. Other key services of the Program include:

- Centralized referral coordination,
- Client engagement and navigation,
- Ongoing education and consultation for primary care providers,
- Provincial leadership for the Program to Access Treatment for HIV and Support (PATHS), and
- Program evaluation and quality assurance.

LAND ACKNOWLEDGEMENT

The MB HIV Program operates on Treaty 1 territory, the original lands of the Anishinaabeg, Cree, Anisininew, Dakota, and Dene Peoples, and on the homeland of the Métis Nation, with care provided and supported on Treaty 1, 2, 3, 4 and 5 territory.

Indigenous Peoples in Manitoba are disproportionately affected by HIV due to the ongoing impacts of colonization, structural racism, and intergenerational trauma.

We acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.

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PROGRAM DESCRIPTION: PROGRAM TO ACCESS TREATMENT FOR HIV AND SUPPORT (PATHS)

The MB HIV Program's "Program to Access Treatment for HIV and Support (PATHS)" is adapted from the British Columbia's Seek and Treat for Optimal Prevention of HIV/AIDS) (STOP HIV/AIDS) program.

PATHS was initiated in response to the MB HIV Program 2018-2021 "calls to action" to maximize "treatment as prevention (TasP)," by enhancing the program's outreach efforts in communities highly impacted by HIV. TasP is the proven concept that early access to antiretroviral therapy (ART) improves quality of life for PLHIV, curbs HIV transmission and averts healthcare costs.

Objectives and Target Population

PATHS delivers comprehensive services to and offers intensive case management for PLHIV in Manitoba who are not linked to HIV care or precariously linked to HIV care. The goal of the program is to:

- Provide wrap-around care with psychosocial supports to PLHIV,
- Offer and link to Indigenous led and culturally safe care,
- Support PLHIV to access and adhere to HIV treatment medication, and
- Support PLHIV to transition to long term primary care services.

Delivery Model

PATHS is grounded in the principles of psychosocial rehabilitation (PSR), a recovery-oriented approach widely used in Manitoba's community-based mental health services for people with serious and persistent mental illness. PATHS is also guided by the Indigenous Healthcare Quality Framework (IHQF), developed by Ongomiizwin Indigenous Institute of Health and Healing and the George & Fay Yee Centre for Healthcare Innovation.[iii] In addition, PATHS uses several service delivery features from assertive community treatment (ACT), which is described as "a way of delivering comprehensive and effective services to consumers who have needs that have not been

well met by traditional approaches to delivering services."[iv] The following features of ACT have been adopted by PATHS to deliver services:

- **A team approach**: PATHS is made up of interdisciplinary teams or "pods" including nurses, social workers as well as outreach workers, peers or HIV doulas.
- **In-the-moment services**: PATHS provides care in community settings rather than offices and clinics. This may include agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, hotels, parks, and streets.
- **Small caseloads**: A PATHS pod consists of 40 – 50 clients.
- **Time unlimited services**: Services are provided to clients as long as they are needed
- **Shared caseloads**: PATHS pod members do not have individual caseloads; the whole team is responsible for ensuring clients receive the services they need.
- **Flexible service delivery**: PATHS pods meet frequently and use a shared schedule in order to respond to the evolving needs of clients.
- **A fixed point of responsibility**: Rather than sending clients to various providers for services, the PATHS team provides the services (within their scope of practice) that the clients need. When referrals are required, the team supports the client to ensure they receive the services.

PATHS pods are based out of primary care and HIV care centres in Winnipeg and Brandon with services delivered in non-traditional settings which may include community spaces, agencies and drop-ins, shelters, encampments, residences, correctional settings, withdrawal management centers, primary care clinics, hotels, parks, and streets.

To learn more about PATHS, visit: https://mbhiv.ca/wp-content/uploads/2024/07/2-PATHS-Program-Description.pdf

Partners

The MB HIV Program has partnered with several organizations to plan for, implement, operationalize and evaluate PATHS, with a long-term goal to implement PATHS in other highly impacted communities in Manitoba. Partnerships include:

- Manitoba Health, HSLTC-Public Health Division and regional health authority public health teams
- Nine Circles (WRHA)
- 7th St Health Access Centre (PMH)
- Brandon Friendship Centre Inc. (PMH)
- AHWC (WRHA)
- Health Sciences Centre HIV Clinic
- Thompson Clinic (NHR)
- Ka Ni Kanichihk Mino Pimatisiwin Sexual Wellness Lodge (WRHA)
- Indigenous Services Canada (ISC)
- Swan Valley MyHT and PMH Primary Health Care, and the Elbert Chartrand Friendship Centre Inc. (PMH)
- George and Fay Yee Centre for Healthcare Innovation
- Ongomiizwin Indigenous Institute of Health and Healing

INTRODUCTION

The PATHS Bi-annual Monitoring Report provides results on the clinical outcomes of PLHIV who were referred to and received care from PATHS between July 8th, 2024 and December 31, 2024.

Initial referrals to PATHS opened on July 8, 2024. At that time, a PATHS pod was in place at Nine Circles (WRHA), with a nurse (1.0 FTE), a social worker (1.0 FTE) and an outreach worker (1.0 FTE). It was anticipated that once another 0.8 FTE outreach worker was hired and trained, the pod may have capacity for up to 40 to 50 eligible clients. 7th St. Health Action Centre (PMH) also had a nurse (1.0 FTE), a social worker (0.6 FTE) and an outreach worker (0.5 FTE) in place with a capacity for up to 20 PATHS clients. A PATHS nurse practitioner was also hired with the vision to support 15 to 20 eligible PATHS clients in the WRHA as well as an impacted community in the NHR. It was anticipated that with these resources in place, PATHS would have the capacity support up to 75 to 90 eligible PLHIV in total.

The number of people assigned to a PATHS pod happened slowly over time. This is because of the complexity and severity of the health issues experienced by eligible clients of PATHS, and the prioritization of care assignments for eligible PLHIV who require the most intensive level of care, support or intervention.

Once PATHS clients are assigned to a PATHS team for care, PATHS works to build relationships with clients, assess client-centred and immediate psychosocial and physical health needs, and develop a shared plan in response.

RESULTS

A PATHS Story

In 2022, a young woman in Manitoba was newly diagnosed with HIV through routine testing while admitted to an inpatient psychiatric unit. Her mental health challenges had begun years earlier, with a diagnosis of primary psychotic disorder in 2018. Her medical care had been limited to hospital settings, and although she was referred to an HIV primary care clinic in 2022, she was not successfully linked to HIV care at this clinic.

By 2024, her circumstances had worsened. She was unhoused, excluded from shelters and community resources, disconnected from mental health services, and not receiving financial support. Her substance use had increased, and she remained unlinked to HIV care over two years after her HIV diagnosis. With PATHS newly available as an option for wrap-around care in community, she was referred to PATHS and the MB HIV Program assigned her to a PATHS care team.

PATHS was able to locate her in the community and immediately recognized the severity of her mental health needs, which led them to support her to access crisis services. She was admitted to hospital for mental health stabilization, where it was confirmed on further labwork that her HIV had progressed significantly without treatment since 2022. PATHS maintained contact throughout her admission and continued providing support after discharge. For the first time outside of a hospital

setting she was connected to HIV care and received medications for both HIV and her mental health.

Over the past year, her situation has stabilized.

With PATHS intensive case management and wrap-around supports, she now has secure housing, regular access to her medications, and financial assistance. Ongoing mental health treatment has helped her reconnect with community services and build social connections, including friendships with her neighbours. On consistent antiretroviral therapy, her immune system has improved, and for the first time she has achieved and maintained HIV viral suppression while living independently.

Cultural healing has also become part of her care. PATHS offered access to cultural supports and ceremony, and she has begun to explore traditional practices; an important step in reconnecting with her identity and community.

As she continues to gain stability and acquire new skills, she will transition from PATHS to primary care services when there is readiness to maintain and sustain her health status.

This story highlights the impact of coordinated, client-centered care. With the support of PATHS, someone who remained unlinked to HIV care two years after their diagnosis is now virally suppressed on HIV treatment, and moved from crisis toward stability, health, and connection.

Operational Outcomes

Between July 8 and December 30, 2024, a total of 216 PLHIV were referred to the PATHS program. Of those referred, 61 individuals were assigned to the program for care, while 151 remained on the waitlist for PATHS. Approximately 70% of PLHIV who were referred to PATHS were still awaiting assignment by the end of the reporting period.

Table 1. Number of PLHIV referred to PATHS, assigned to PATHS and on the waitlist for PATHS at the end of the reporting period, December 30, 2024.

Number of PLHIV referred to PATHS	216
Number of PLHIV assigned to PATHS	61
Number of referred PLHIV on PATHS waitlist	151*

Note: Among 155 PLHIV referred to PATHS and on the waitlist, two PLHIV on the waitlist died and two PLHIV on the waitlist moved out of the province (n = 151).

Baseline Demographics

The median age of people who were referred to PATHS was 36, with the majority of people referred to PATHS being female (Figure 1).

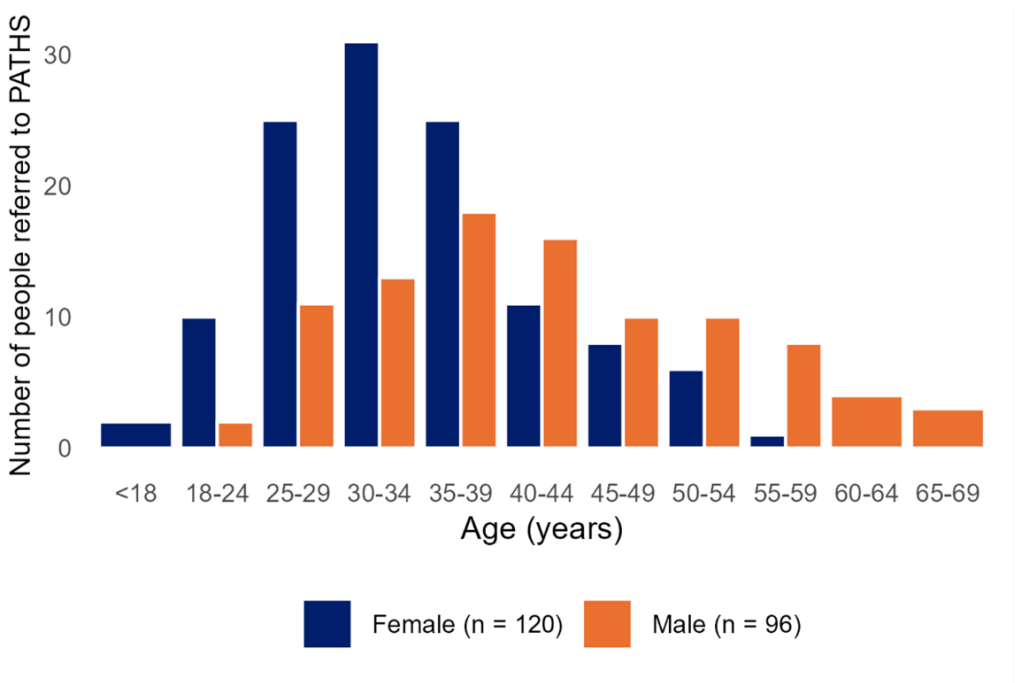

Figure 1. PLHIV referred to PATHS between July 8, 2024 and December 31, 2024, stratified by sex assigned at birth and age (N = 216)

Among 61 PLHIV assigned to a PATHS pod for care, more females (44.3%) than males (19.7%) were assigned. Table 2 describes other baseline characteristics of PLHIV assigned to a PATHS pod during the reporting period.

Table 2. Baseline characteristics of PLHIV who were assigned to PATHS between July 8, 2024 and December 31, 2024 (N = 61)

		n	%
Baseline engagement status			
	Disengaged	15	24.6
	Linked to HIV care	3	4.9
	Lost to care	1	1.6
	Never linked to care	7	11.5
	Retained in HIV care	2	3.3
	Missing	33	54.1
Pregnant at time of assignment			
	No	57	93.4
	Yes	4	6.6
Regional Health Authority			
	Interlake Eastern	1	1.6
	Northern	1	1.6
	Prairie Mountain	14	23.0

		n	%
	Winnipeg	18	29.5
	Missing	27	44.3
Self-reported ethnicity			
	African/Black	1	1.6
	Indigenous – First Nation	14	23.0
	Indigenous – Unspecified	19	31.1
	White/European	2	3.3
	Not reported/No data	3	4.9
	Missing	22	36.1
Sex assigned at birth			
	Female	27	44.3
	Male	12	19.7
	Missing	22	36.1
Sexual orientation			
	Gay	1	1.6
	Heterosexual	31	50.8
	Not reported/No data	6	9.8
	Missing	23	37.7
Substance use			
	No	2	3.3
	Yes	16	26.2
	Missing	43	70.5

Note: Table indicates baseline characteristics at time of assignment to PATHS. "Missing" values are cases where the field was not selected upon intake. "Not reported/no data" are cases that were unknown by the PATHS client or unknown by the PATHS pod.

HIV Care Outcomes

Within the reporting period, PATHS located 92% of PLHIV assigned to a PATHS pod. After six months, 64% of clients assigned to a PATHS pod had started HIV treatment, and almost half of all clients had achieved a suppressed HIV viral load (see Figure 2).

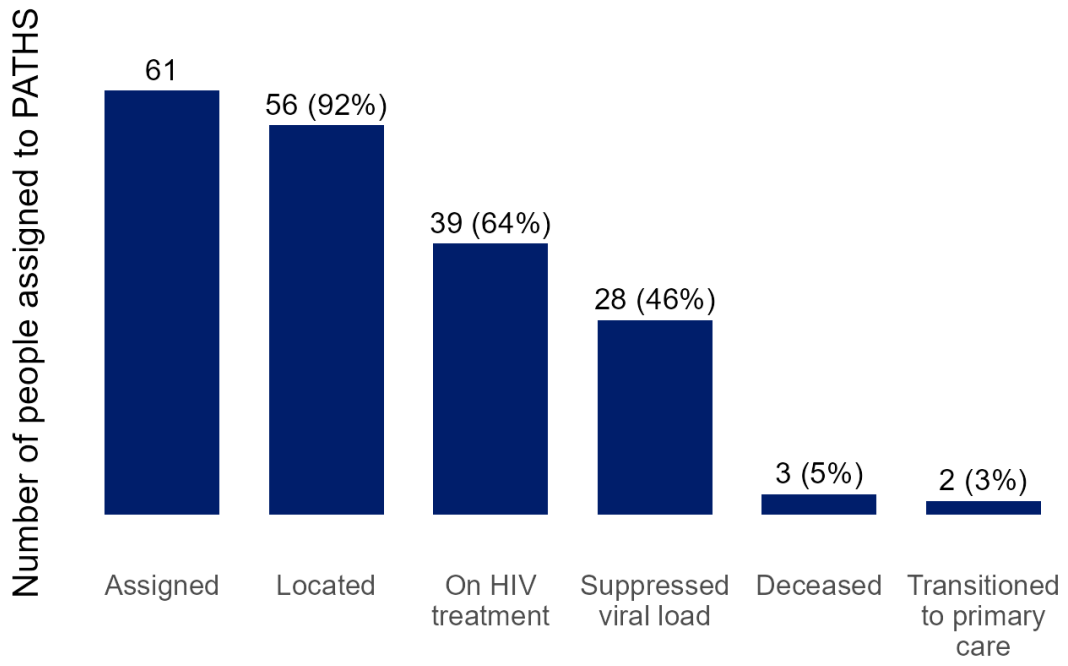

Figure 2. Outcomes for PLHIV assigned to PATHS between July 8, 2024 and December 31, 2024, as of December 31, 2024 (N = 61).

When comparing HIV care outcomes between PLHIV on the PATHS waitlist to PLHIV assigned to a PATHS pod, more than double the proportion of PLHIV assigned to a PATHS pod are on HIV treatment (64%) compared to PLHIV on the PATHS waitlist (30%) (see Figure 3 and 4). Only 20% of PLHIV on the PATHS waitlist have a suppressed viral load, compared to 46% of PLHIV assigned to a PATHS pod (see Figure 3 and 4).

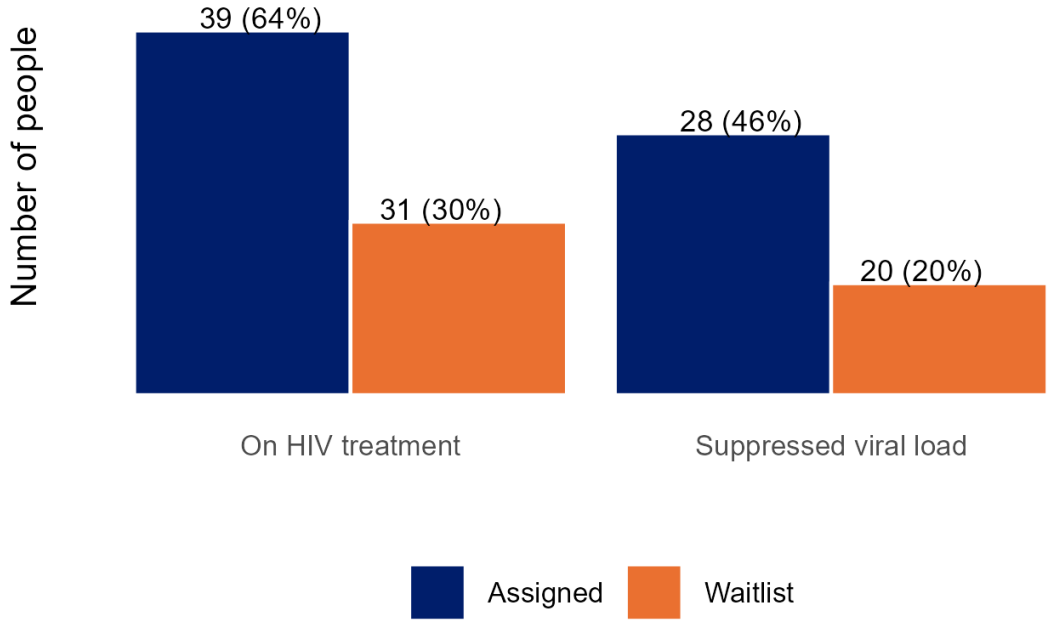

Figure 3. HIV care outcomes among PLHIV assigned to PATHS (N = 61), compared to PLHIV on the PATHS waitlist (N = 102) between July 8, 2024 and December 31, 2024.

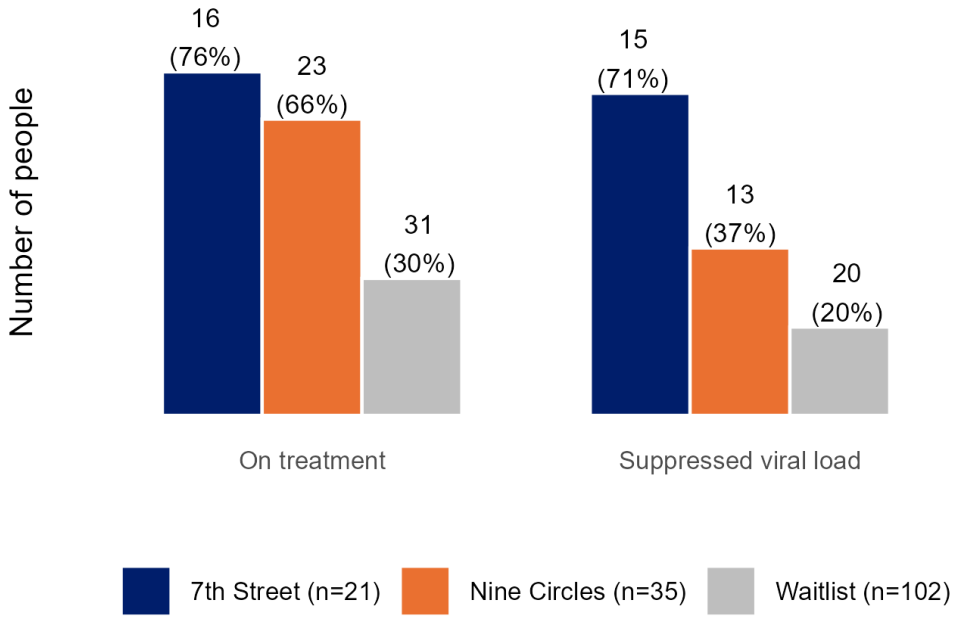

Figure 4. HIV care outcomes among PLHIV assigned to PATHS stratified by PATHS host site (n = 61) compared to PLHIV on the PATHS waitlist (n = 102) between July 8, 2024 and December 31, 2024.

Time from Assignment to PATHS to Linked to HIV Care

Figure 5 illustrates the time from assignment to PATHS at Nine Circles to linkage to HIV care for 23 eligible PLHIV between July 8 and December 31, 2024. The data show that the majority of clients were linked to care within a short timeframe following assignment (under 50 days).

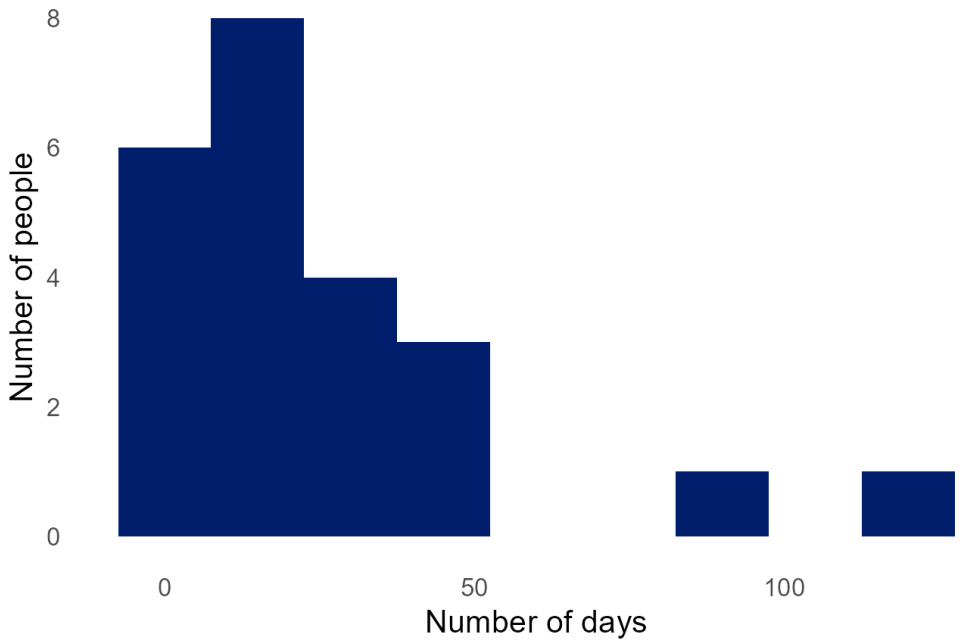

Figure 5. Time from eligible PLHIV assigned to PATHS to "linked to HIV care," July 8, 2024 to December 31, 2024 (n = 23) where date of "linked to HIV care" was after date of assignment to PATHS.
Note: Figure only includes PLHIV assigned to PATHS at Nine Circles who were linked to HIV care.

Emergency Department Visits

Figure 6 presents the combined number of emergency department (ED) visits among 13 PLHIV assigned to PATHS at 7th Street Health Access Centre. It compares ED visits in the six months prior to PATHS assignment with those occurring after assignment, within the reporting period from July 8, 2024 to December 31, 2024.

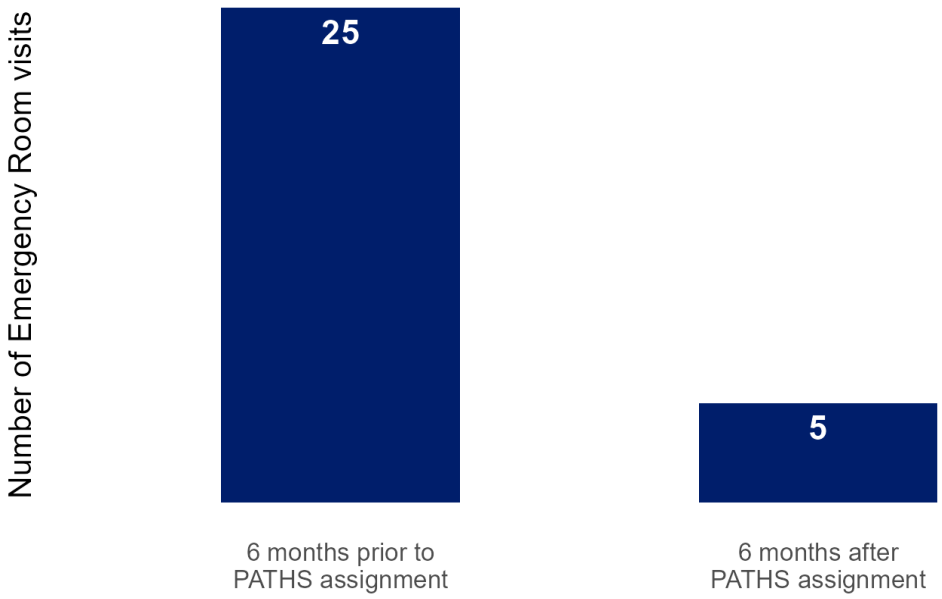

Figure 6. Emergency department (ED) visits among PLHIV assigned to PATHS at 7th St. Health Access Centre, comparing the combined number of ED visits in the six months prior to PLHIV being assigned to PATHS to the combined number of ED visits after PLHIV are assigned to PATHS within the PATHS reporting period, July 8, 2024 to December 31, 2024 (n = 13)

Clinical and Non-Clinical Interventions

Between July 8 and December 31, 2024, the PATHS nurse at Nine Circles delivered a range of clinical interventions to 35 PLHIV assigned to PATHS. Figure 7 highlights the scope and frequency of clinical activities provided by the PATHS nurse, the most common clinical interventions being requests for medical refills, as well as mental health and substance use assessments.

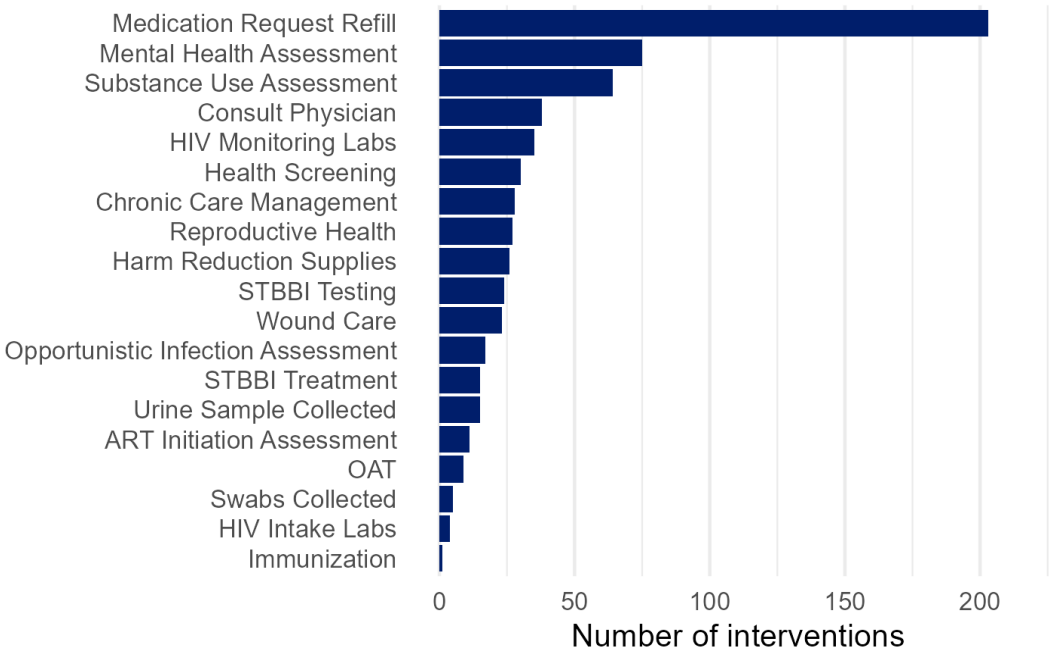

Figure 7. Clinical (PATHS nurse) interventions for 35 people assigned to PATHS at Nine Circles between July 8, 2024 and December 31, 2024

Figure 8 presents the range of non-clinical interventions delivered and facilitated by PATHS social workers, outreach workers, and nurses to the same cohort of 35 PLHIV at Nine Circles. These interventions encompassed psychosocial support, housing assistance, substance use support, and cultural supports.

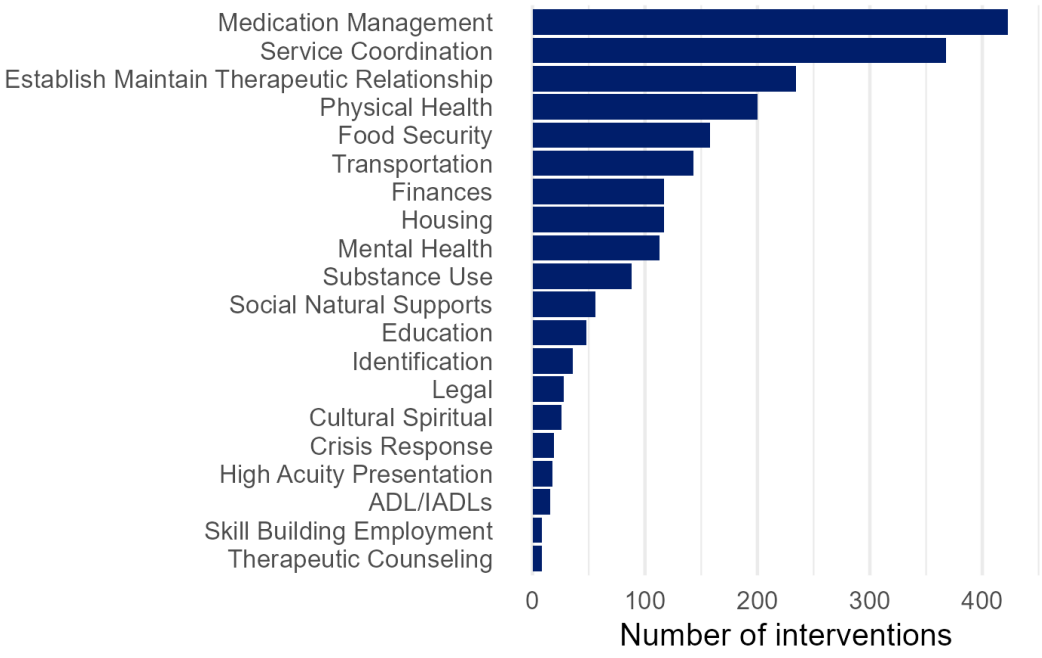

Figure 8. Non-clinical nursing, social worker and outreach worker interventions for 35 PLHIV assigned to PATHS at Nine Circles between July 8, 2024 and December 31, 2024

Type of Psychosocial Intervention

Figure 9 illustrates the types of psychosocial interventions provided to 32 PLHIV who had been assigned to PATHS at Nine Circles for at least three months prior to December 31, 2024.

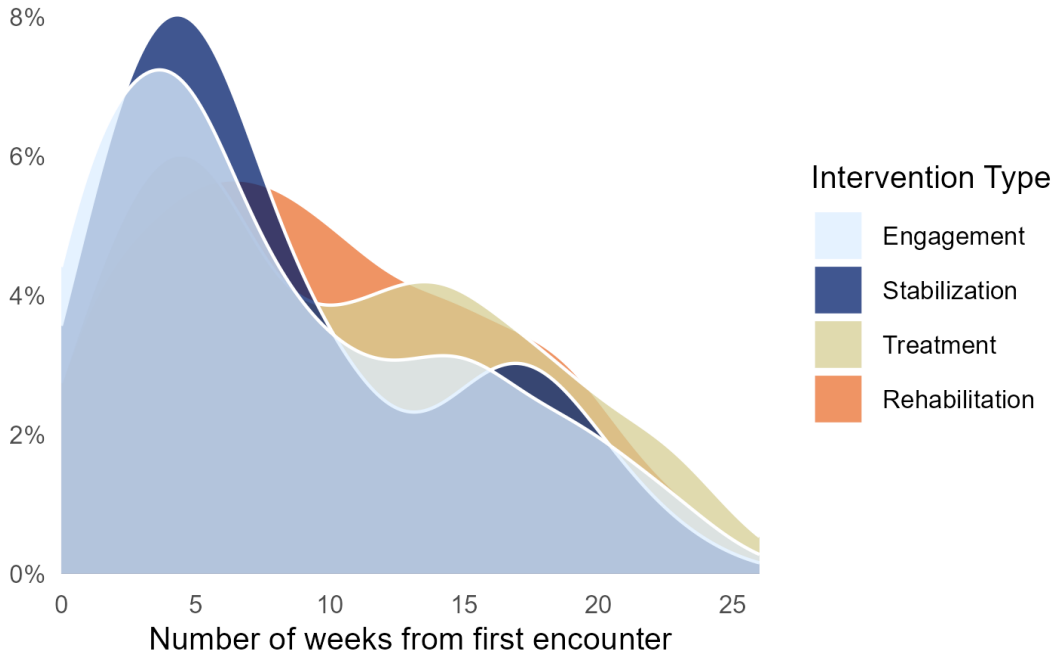

Figure 9: Type of psycho-social intervention for PLHIV assigned to PATHS from initial encounter onward, July 8, 2024 to December 31, 2024 (n = 32).

Note: Includes PLHIV who have been assigned to PATHS at Nine Circles and located for at least 3 months prior to December 31, 2024

DISCUSSION

The initial implementation of PATHS has yielded encouraging results and demonstrates the program's capacity to reach and support PLHIV who face significant barriers to care. Between July 8, 2024 and December 31, 2024, PATHS successfully engaged 61 clients, with 92% of those assigned to a pod being located and supported. This high engagement rate reflects the effectiveness of the PATHS model in building trust and delivering care in community-based settings.

Clinical outcomes further affirm the program's impact. Within six months, 64% of assigned clients initiated HIV treatment and 46% achieved viral suppression—rates that are more than double

those observed among PLHIV on the PATHS waitlist. These improvements suggest that PATHS is not only facilitating engagement in HIV care but also supporting adherence to treatment.

The reduction in ED visits among clients at 7th Street Health Access Centre highlights PATHS significant contribution to health systems stabilization. By decreasing dependencies on acute episodic care through emergency departments, PATHS demonstrates a model that not only improves participant health outcomes but also enhances system efficiency and can reduce cost; evidence that is highly relevant for policymakers and funders seeking sustainable, community-based solutions.

Demographic data indicate that PATHS is reaching priority populations, many of whom have complex health and social needs. The program's emphasis on culturally safe, trauma-informed, and gender-responsive care is critical to its success and aligns with broader public health and equity goals.

The interdisciplinary nature of PATHS—combining clinical, social, and outreach supports—has enabled the delivery of tailored interventions that address housing, mental health, substance use, and other determinants of health. This holistic approach is consistent with the principles of psychosocial rehabilitation and reflects the goals of the program.

As PATHS continues to receive referrals and assign PLHIV to care, ongoing evaluation will be essential to assess progress, identify gaps in service, guide quality improvements and guide resource allocation, and ensure that the program remains responsive to community needs. The early outcomes presented in this report provide a strong evidence base for future investment and new collaborations.

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