Hospital to Home Program

Located at the Peterborough Regional Health Centre (P.R.H.C.), the Hospital to Home Program (H.2.H.) is a collaboration between the Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge's Four County Crisis Program (4.C.C.)Four Counties Addiction Services (Fourcast) and P.R.H.C.

The H.2.H. Program connects individuals who present with mental health and/or addictions issues at P.R.H.C. to community supports and services.

The goal is to provide individuals with the information, education, resources and the planning needed to manage in the community, thus decreasing the frequency of visits to the hospital.

What are the benefits?

The H.2.H. Program aims to decrease frequency of hospital visits through providing strength-based short term community support. This program can help to encourage the individual to manage mental health and addiction issues within the community with the appropriate resources.

Contact Us

C.M.H.A. H.K.P.R. - Peterborough Office

466 George Street North Peterborough, ON K9H 3R7 Phone: (705) 748-6711 www.cmhahkpr.ca

Fourcast 130 Hunter Street West, #200 Peterborough, ON K9H 2K8 www.fourcast.ca

Peterborough Regional Health Centre

1 Hospital Drive Peterborough, ON K9J 7C6 Phone: (705) 743-2121

Email: H2H.PRHC@cmhahkpr.ca fourcast@fourcast.ca



Canadian Mental Health Association Hellerton, Konsthe, Pine Ridge Mental health for all









Hospital to Home



Referral and Request Form

Peterborough Regional Health Centre, Four Counties Addiction Services and the Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge Branch are working together to coordinate services for clients. Please use this referral form to refer for services.

Referred by:	Date:	Contact Information	:	
Is client aware of this referral?			□Yes	
Has the client provided consent to	be contacted by a C.	M.H.A./4.C.A.S.T employee	? □Yes	
Has the client provided verbal cons	sent for information to	be shared with H2H?	□Yes	
Emergency Record/Triage Record attached? (Emergency Department)			□Yes	□No
Mental Health Assessment Form attached? (Crisis Unit)			□Yes	□No
Admission Note/Discharge Summary attached? (Mental Health Inpatient Unit)			□Yes	□No
Suicide Attempt			□Yes	□No
Client Name:	D.O.B:	Admit Date/Dischar	ge Date:	
Address:		Telephone:		
Mental Health and/or Addiction Is	sues:			
Any other issues (physical health,	psychosocial, etc.):			
Any other information:				
,				
Outcomer (11011 staff)				
Outcome: (H.2.H. staff)				

Referral Process

Referrals can be made directly to the Hospital to Home (H.2.H.) Case Manager or by using this form. A Referral can be made once the individual is aware and consenting to the referral.

First contact can also be made when an individual is presenting at the hospital or is admitted into the hospital, by contacting the Case Managers (see below). If the individual has left the hospital, then a follow up meeting can be made in the community.

Contact Information

Hospital to Home Case Managers Tel: (705) 743-2121 ext. 3748 Email: H2H.PRHC@cmhahkpr.ca fourcast@fourcast.ca