

Niagara County Department of Mental Health & Substance Abuse Services (NCDMH) provides an array of **free** trainings and presentations, and participates in tabling information on Department services, to agencies, organizations, schools, and community groups. It is asked that requests are submitted to NCDMH at least **four (4) weeks in advance** of the date of event when possible.

Please complete the form below and then submit it by one of the following mechanisms:

By **email**: [NCDMH@niagaracounty.com](mailto:NCDMH@niagaracounty.com)

By **fax**: (716) 439-7418

By **mail**: Attention Laura Kelemen, LCSW-R, Director  
c/o Niagara County Department of Mental Health & Substance Abuse Services 5467 Upper  
Mountain Rd. Suite 200  
Lockport, NY 14094

To ensure your request has been received, you may contact the main office at **(716) 439-7410** during normal business hours.

**Name:**

**Agency / Organization:**

**Business Address:**

**Business Phone Number:**

**Email address:**

**Request for Presentation, Training, or Tabling Event?**

**Please check below if you are requesting any of the following trainings:**

- Crisis Intervention Training (CIT) for Corrections
- Crisis Intervention Training (CIT) for Law Enforcement
- Fundamental Crisis Intervention Skills for Law Enforcement
- “Life at the Edge” – Stress Management and Working with Challenging Customer Service matters Lifelines
- Suicide and Traumatic Death Postvention Training for schools (full – 5 hours)
- Lifelines Suicide and Traumatic Death Postvention Training for School Crisis Teams (90 minutes) Suicide Safety for Teachers (60 – 90 minutes)
- Youth Mental Health First Aid (8 hours)
  - One day (8 hours)
  - Two days (4 hours each day)

**Please check below if you are requesting any of the following presentation topics:**

- Crisis Services – Overview and Utilization
- NCDMH Services Overview
- Crisis Intervention / Crisis Stabilization Tools
- Suicide Prevention
- Mental Health / Wellness / Illness

**If request is not one of the above topics, or is in addition to, please describe specific information on type of presentation / training being requested:**

**Location/ address for presentation / training / tabling:**

**Date & Time requested:**

**Duration requested:**

**Approximate # of individuals expected to participate:**

**Audience type** (e.g. teachers, students, parents / families, etc):

**Purpose of / reason for presentation / training / tabling:**

**Other comments:**