Abuse is a growing concern for the older and vulnerable person population in both urban and rural areas of the country. It is a misconception that elder abuse only occurs in nursing facilities or to seniors with no family support. It is estimated that 5 million American elders are victims of some form of abuse each year.

The quality of life of older individuals who experience abuse is severely jeopardized, as they often experience worsened functional and financial status and progressive dependency, poor self-rated health, feelings of helplessness and loneliness and increased psychological distress. Research also suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening disease.
We are going to discuss the different types of abuse as defined by the law; signs that an elderly person may be abused; signs of things you can look for in abusive caretakers; victims of elder abuse; what our role is in elder abuse cases; as well as some information about mandatory reporting.
ADSD, Adult Protective Services has 4 offices in Nevada:
- Reno, Carson City, Elko, and Las Vegas

Office Hours:
- Monday-Friday 8:00 am-5:00 pm

ADSD is not funded for emergency response;

ADSD is the only entity in the state who investigates elder/vulnerable person abuse, other than Law Enforcement.

ADSD, Elder Protective Services has 4 offices in Reno, Carson City, Elko, and Las Vegas. Elder Protective Services is comprised of 62 employees statewide.

ADSD is not funded for emergency response. ADSD is a state agency and our office hours are M-F, 8 am to 5 pm. If there is imminent danger, we ask people to call LE. When someone calls our office after hours, on a holiday, or during the weekend, they will be given an option to be transferred to the Crisis Call Center. The Crisis Call Center (1-775-221-7620) is trained to take reports of elder abuse for ADSD and will forward the report to our office which is received on the next business day. They are also trained to contact Law Enforcement if there appears to be imminent danger.

ADSD is the only entity in the state that receives and investigates reports of elder and vulnerable person about abuse other than law enforcement. The law states that the investigation of the report is to commence within 3 working days. APS has a triage system in place and, if needed, may begin the investigation within 24 hours of receiving a report.
Mission Statement

The Mission of Elder Protective Services is to:

“Assist older persons, age 60 and over, who are abandoned, abused, neglected, isolated, or exploited by investigating and providing or arranging for services to alleviate and prevent further maltreatment while safeguarding their civil liberties.”

As of July 1, 2019, Nevada received legislative authority to investigate allegations of abuse regarding the 18-59 vulnerable person population.

Call 888-729-0571 to report Elder Abuse
The types of elder abuse include ...

There is no single pattern of elder abuse. Sometimes elder abuse is a continuation of long-standing patterns of physical, emotional, or financial abuse within the family. More commonly, elder abuse is related to changes in living situations and relationships brought about either by the older person’s growing dependence on others for companionship and for meeting basic needs or by a family member’s increased reliance on the older person for shelter and financial support.

It’s not unusual for our investigations to have more than one type of allegation for the same person.
Abandonment

- Desertion of an older person or a vulnerable person in an unsafe manner by a caregiver or other person with a legal duty of care;
- Withdrawal of necessary assistance owed to the older person or a vulnerable person by a caregiver or other person with an obligation to provide services to the older person or vulnerable person
  - This allegation type was added: 10/1/2015.

When an older person or vulnerable adult is in the hospital or another type of care facility, it is not considered abandonment if the family or caregiver is unable to provide the necessary care and they will not agree to have the older person or vulnerable person discharged back home.

Leaving an older person or a vulnerable adult who requires some type of assistance to be safe alone would be considered abandonment.

Caregiver could be family, friends, paid professional caregiver, care providers in a nursing home, group home or assisted living facility.

Those individuals who took on the role as a caregiver regardless of being paid or not, have a legal duty to insure the client’s safety.
Abuse is the willful:

a) Infliction of pain or injury on an older person or a vulnerable person;

b) Deprivation of food, shelter, clothing or services which are necessary to maintain the physical or mental health of an older person or a vulnerable person;

c) Infliction of psychological or emotional anguish, pain or distress on an older person or a vulnerable person;

d) Nonconsensual sexual contact with an older person or a vulnerable person;

e) Permitting any of the acts described in paragraphs (a) to (d)

- Three Types of Abuse:
  
  o Physical;
  
  o Psychological (emotional);
  
  o Sexual.

Call 888-729-6571 to report Elder Abuse

3 types of abuse fall under the general term of abuse in the law; they are physical abuse, psychological abuse, and sexual abuse

In SFY 17, there were 1,863 allegations of abuse reported statewide.
Physical Abuse

- Serious or unexplained injury;
- Sexual abuse;
- Inappropriate physical or chemical restraint;
- Medication abuse
  - Over or under medicating.

Physical abuse can range from slapping or shoving to severe beatings and restraining with ropes or other types of restraints. When a family member, caregiver, or other person uses enough force to cause unnecessary pain or injury the behavior can be regarded as abusive. Physical abuse can include hitting, pushing, kicking, burning, and sexual abuse. It also includes the inappropriate use of medications and physical restraints.

EPS investigated a report of concern regarding an 80-year-old woman. The report indicated that the woman's lips had a yellow discoloration like the end of a healing bruise. It was reported that the woman lives with her spouse and have been married for 25 years. They believed that her husband hit her to cause the bruising. The husband does not allow the woman to speak to anyone without him being present and the woman is very frail and only weighs 59 lbs. There is also concern that he may not be letting her eat as she was taken out to eat and ate as though she was starving to death.

Social workers made contact with the woman at her home and her husband was present. The social worker took the husband into a separate room to speak with him so that the other social worker could speak with the woman privately. The woman indicated that in the past, sometimes her husband had gotten angry and blamed her for things she did not do then would get mad at her. The woman repeatedly said she did not want to cause problems for herself and did not want to discuss domestic violence, verbal, or physical abuse. The social worker assured the woman that the information would not be discussed with the husband as the social worker wanted to keep the woman safe but let the woman know that domestic violence is illegal and that the woman has choices. The woman reported that she knows she can call 911 for assistance. She stated, “I have to be careful about my answers because I may get hit”. The woman does not want to leave her situation at this time and repeatedly indicated to the social worker that the issue cannot be addressed with her husband or she will get into trouble.

The client was provided verbal information regarding domestic violence and was spoken to about a safety plan. She also has contact with her children so if she needed assistance she could ask one of them. A Victim Advocate with the police department was also aware of the reported abuse in case the woman wanted to seek assistance at a later time.
Psychological (Emotional) Abuse

- Threatening, controlling or socially isolating the older person or vulnerable person;
- Disregarding the needs of the older person or vulnerable person;
- Harming, damaging or destroying any property of the older person or vulnerable person, including, without limitation, pets.

Psychological abuse can range from name calling to intimidating and threatening the older person. When a family member, a caregiver, or another person behaves in a way that causes fear, mental anguish, emotional pain or distress, the behavior can be regarded as abusive.

Psychological abuse can include yelling, swearing and making insulting, disrespectful, or threatening comments.

We receive a number of reports where the older person is threatened to be taken out of the home if they don’t take their medication or take a shower.

We investigated a report and found the client’s husband was being belligerent and using foul language towards her. He also attempted to throw his walker at her, spit at her, and put his fists up, threatening to hit her. Psychological abuse was substantiated in this case. This behavior from the husband caused severe emotional anguish for the client due to the continual verbal assaults and the fear of potential physical abuse.
Sexual Abuse

- An act that the older person or vulnerable person is unable to understand or to which the older person or vulnerable person is unable to communicate his or her objection;
- Intentional touching either directly or through the clothing;
- Anytime sexual abuse is alleged, law enforcement must be contacted immediately;
  - Report to APS should also be made.

Sexual Abuse is when an older person is forced, tricked, coerced, or manipulated into any unwanted sexual contact.

If someone has sexual contact with an older person with dementia and the person is unable to give informed consent, it would be investigated for sexual abuse.

We investigated a case where a client with significant dementia was in a nursing home and thought she was having sexual relations with her husband, but was really having sexual relations with her brother in-law.

Anytime sexual abuse is alleged, LE must be contacted immediately. A report should also be made to our office, so we can develop a case plan to ensure their long-term safety from the person of interest.
Neglect

- Failure of a person or a manager of a facility who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person or vulnerable person.

- If a person who has voluntarily assumed responsibility to provide necessary supervision to the older person or a vulnerable person and then fails to provide adequate supervision, it is neglect;

- Neglect does not have to be intentional.

Neglect is the failure to meet the physical, social or mental health needs of the older person. Neglect includes the failure to provide food, clothing, shelter, medical care and assistance with activities of daily living. Neglect does not have to be intentional. Family caregivers may inadvertently neglect their older relatives because of their own lack of knowledge, resources or maturity.

In FY17 there were 1,651 reported cases of Neglect.

When we think about Neglect, it’s helpful to keep in mind that “assuming responsibility” for an older persons care does not necessarily mean they’ve entered into a “contractual” agreement. It could be anyone who has voluntarily assumed the role as a caregiver (like a family member) but may not have legal authority and isn’t necessarily providing care in a “formal” capacity.

If a person establishes a pattern of providing necessary care to a vulnerable senior, and then later determines they no longer want to or cannot continue to provide care, they have an obligation to ensure the seniors needs are met.

We had an elder who was wheelchair bound and totally dependent on her daughter who lived with her. We found the daughter had not bathed her in several months and her clothes were soiled. The residence had approximately 20 cats and 4 dogs with animal feces and urine throughout the house. There was rotting food and used briefs on the floor of the residence. EPS substantiated neglect on this case and worked with the elder to coordinate a transition to a new environment where her care needs could be addressed.
Neglect

- Special Considerations:
  - Older and vulnerable persons can be highly susceptible to weather extremes for many reasons including chronic health conditions, medications and metabolic change;
  - Older and vulnerable persons may be unable to express their needs in response to weather extremes.
  - Older and vulnerable persons left outside in extreme heat or cold are at high risk of dehydration, hypothermia, and even death.

During periods of extreme heat or cold, older persons may require assistance in determining an appropriate level of exposure to harsh weather conditions and extra precautions must be taken when considering the needs of older persons. The older person’s body may limit their ability to regulate weather sufficiently and seniors may not be able to verbalize their level of comfort related to the temperature extremes.

Caregivers and responsible parties must consider the following to ensure the welfare of the Older Person:

- Supervision is provided to older persons when they are outdoors
- Comfortable indoor and outdoor temperatures are considered
- Weather appropriate clothing is worn at all times
- Supervision is provided to older persons when they are outdoors
- Cognitive ability and mobility considerations
Self Neglect

- Self-neglect is the failure of an older or vulnerable person to provide for his or her own needs because of an inability to do so;
- Self-neglect is not a crime;
- An older or vulnerable person has the right to make his or her own choices unless a judge declares the individual incompetent.

In SFY 17 there were 2,742 allegations of self-neglect reported.

Self-neglect is the failure of an older person to provide for his or her own needs because of an inability to do so. Although the definition sounds simple, the issues related to self-neglect are often complex.

Self-neglecting could be a result of unexpressed rage, frustration, or grief; alcoholism or drug addiction; and sacrificing for children, grandchildren, or others at the expense of their own unmet needs. Also, mental or physical illness can quickly result in the deterioration of an elder's ability to adequately provide for their own needs.

We may go in and assist the person with resources, such as arranging for personal care services or we may need to arrange for further evaluation by a clinician to determine the client's ability to make decisions regarding their own care. Interventions are intended to enable the clients to remain as independent as possible, however when a client refuses and it is determined they are at significant risk of harm, we may refer the client to the public guardians office for consideration of guardianship. It's important to keep in mind that only a judge can determine if guardianship is appropriate.

If the elder is a danger to themselves or others, we can call law enforcement and request a legal hold be placed on the elder.

We received a report from RPD regarding a woman who had wandered into her neighbor’s back yard. Police found she was confused and had locked herself out of her home where they assisted her to gain access. RPD reported she was extremely sunburned, dehydrated, and had defecated on herself. During the investigation, the social worker found there were boxes stacked along the walls with no clear paths, a strong urine odor and her toilet and sink were full of used briefs. There was also a stack of unopened bills on the counter. Due to the client's confusion, we arranged her to be evaluated by her primary care doctor for capacity. The dr. determined she was in need of guardianship. A referral was made to the Washoe county public guardian's office who then placed the client in a group home.
Self Determination

- Self determination is the right of an older or vulnerable person to make their own decisions, good or bad;
- Substantial attention is given to the concept of self determination;
- Often times, the right to self determination rules when the older or vulnerable person has capacity but continues to make poor choices;
- Older or vulnerable persons without capacity who clearly cannot make decisions on their behalf, must receive intervention.

Read below

Self Determination is where a competent person has a right to make his or her own decisions, good or bad, whether we agree with their choices or not. The right to self determination is often the most challenging concept for many people to understand. If an older person chooses to drink too much, live in a hoarding environment, or not see their doctor, unless they are deemed incompetent, they have the right to self determination.

Although the services we attempt are designed to be the least restrictive and meant to assist the client, competent client’s ultimately have the right to refuse services. Refusal of services can be very frustrating for the professionals, families and communities as a whole.
Exploitation

- Any act taken by a person who has the trust and confidence of an older person or a vulnerable person or any use of the power of attorney or guardianship to:
  - Obtain control or convert money, assets or property, through deception, intimidation, or undue influence with the intention of permanently depriving the person of their ownership, use, benefit or possession of their money assets or property.
  - Undue influence means the improper use of power or trust in a way that deprives a person of his or free will. This does not include the normal influence that one member of a family has over another.

Financial exploitation is a violation of a relationship based on trust and can range from misuse of an older person's funds to embezzlement. Financial exploitation includes fraud, taking money under false pretenses, forgery, forced property transfers, purchasing expensive items with the older person's money without that person's knowledge or permission or denying the older person access to his or her own funds or home. It includes the improper use of legal guardianship arrangements and power of attorney.

Undue influence means the improper use of power or trust in a way that deprives a person of his or her free will and substitutes the objectives of another person.

In SFY 2017 there were 1,971 allegations of exploitation reported.

Due to the economy, we are seeing a number of adult children who've moved back in with their older relatives for shelter and financial support and end up exploiting them.

A couple befriended an 86-year-old man who suffered from dementia and exploited him. The senior had worked all his life and had diligently saved his money. He met the couple who was living next door to him. The couple moved in to his home, then ended up selling his home, and then they rented a home using his money. The couple had taken the senior to an attorney to change his power of attorney from his niece to themselves. The power of attorney was changed but the senior lacked capacity when it was changed therefore the power of attorney that was done was invalid. During a six-month period, the couple had gone through $100,000 of the senior's money. The money was spent on items such as $15,500 from a home shopping network, $15,000 was spent at a local casino, and $60,000 had been used on a credit card. They also used the man's resources to pay for dental work and a purchase of a $25,000 car.

The couple plead guilty to felony exploitation of the elderly. They were sentenced to five years in Nevada State Prison and ordered to pay restitution to the man's estate.
Isolation

- Preventing an older person or vulnerable person from having contact with another person by:
  - Physically restraining and/or intentionally preventing the person from receiving visitors, mail, phone calls;
  - Knowingly providing a false statement contrary to the express wishes of the person with the intent to prevent visitors and callers;
  - Permitting any of the acts described;
  - This does not include an act intended to protect the property, physical, and or mental welfare of the person or an act pursuant to the instructions of a physician.

In SFY 17, there were 227 allegations of isolation reported. This is the least reported form of abuse.

We received a report of concern regarding an elder who was living with his son. His daughter who resides out of state is concerned because she hasn't been able to talk with her father and feels her brother is keeping her father away from the phone and won't allow them to talk. A social worker went out to the home and spoke to the elder who informed the SW it was his choice not to speak to his daughter and that his son wasn't doing anything wrong. Isolation was unsubstantiated in this case because the elder did not want to speak with his daughter.

There are occasions where physically restraining a person is necessary. You may see this in a hospital setting. If it is appropriate, the person must have a certificate from the doctor and it must be displayed.
Signs of Elder/Vulnerable Person Abuse

• Suspect elder or vulnerable person abuse if you notice any of the following conditions:
  ○ Inadequately explained bruises, cuts, or burns;
  ○ Dehydration or malnutrition;
  ○ Overly medicated or extremely sedated;
  ○ Unusual confinement;
  ○ Closed off in a room;
  ○ Tied to furniture.
• Lack of cleanliness, grooming.

Signs of elder abuse can include bruising or welts on the skin, especially those appearing on the face; fingerprints or handprints visible on the face, neck, arms or wrists; burns from scalding or cigarettes; cuts, lacerations or puncture wounds; sprains, fractures or dislocations

1. Unusual weight loss, malnutrition and dehydration
2. Over medicated or extremely sedated, look for victim’s behavior or if the amount of medication available does not match the prescription.
3. Closed off in a room or signs of being restrained, such as rope marks on wrists
4. Poor personal hygiene including soiled clothing, dirty nails and skin, matted hair, odors and the presence of feces or urine

Remember it’s not your role to verify that abuse is occurring, only to alert us of your suspicions.
Signs of Elder/Vulnerable Person Abuse
(continued)

- Fear of speaking for oneself in the presence of the caretaker;
- Anxious to please;
- Anxiety, confusion, withdrawal, depression;
- Shame, fear, embarrassment;
- Sudden change in financial activity;
- Unusual cash withdrawals from the elder’s account in a short period of time.

Call 1-888-729-0571 to report Elder Abuse

Read below

Additional signs would be if the elder is afraid to speak in the presence of the caregiver or looks to the caregiver to answer questions; denies, minimizes, or blames themselves for what happened; appears afraid, embarrassed, ashamed, withdrawn, or depressed; sudden changes in the elder’s financial activity, significant withdrawals, suspicious changes in wills, power of attorney, or additions of names to the elders signature card.
Characteristics of Abusive Caretakers

- Suspect elder or vulnerable person abuse if a caretaker displays any of the following behaviors:
  - Threatening remarks or behavior;
  - Conflicting stories such as how the elder was injured;
  - Insults, aggressive behavior;
  - Withholding of attention, security, and affection;
- Attitude of indifference or anger toward the elder or vulnerable person in their care;
- Unusual fatigue, depression;
- Obvious absence of assistance or attendance.
- A history of abusive family behavior or other hostile behavior patterns can predispose a caretaker to acting out his or her anger, especially when under stress.

Call 888-729-0571 to report Elder Abuse.

Some caregivers are ill or disabled themselves and lack the ability to provide appropriate care while others deliberately inflict harm upon or take advantage of seniors.

An important thing to remember is if you are aware of someone who is care giving for an elderly person and exhibits any of these risk factors, refer them to resources in the community that would be able to help. If you don't know where to find help, you can go to or refer people to www.NevadaADRC.com, which is a caregiver resource website with great information about local resources or call our office and speak with the Advocate for Elders who can help guide you to resources in your area.

It's important to remind caregivers they are not alone and there is help out there if they ask for it like respite programs and support groups. If we can provide support to lessen the burden by providing help, education, and resources to caregivers, we might be able to prevent some abuse from occurring.
Who is affected by abuse in later life? As you can see from the demographics on this slide, those most likely to be victimized are older females. A statistic from The Center on Elder Abuse, Center of Excellence on Elder Abuse and Neglect, in 2011, “A person over 80 years of age is 2-3 more times likely to be abused and may be a person with a cognitive impairment. Two thirds of the reports examined, identify women as victims.” However, it’s worth noting that victimization does not discriminate by race, sex, income level, cultural or ethnic groups, sexual orientation, religion, or marital status.

It has been estimated that abuse of elderly women by their spouses is increasing among the growing “over 60” age category and that women do suffer a higher percentage of abuse than men. Often, the client resides with the alleged abuser and has developed a dependency on the abuser to meet some or all of their daily care needs. The vulnerable senior often is living with an adult child, significant other or spouse.
A victim may deny the reported abuse and put up barriers to assistance because they are:
- Ashamed that their children or caretaker has mistreated them;
- Dependent on the abuser;
- Fearful of being sent to a nursing home or being taken away;
- Worried that if the abuser is taken away they will be alone;
- Fearful of retaliation.

There are multiple reasons older persons do not admit to abuse including a fear of retaliation, a fear of not being believed, and also a fear of being sent to a nursing home or being taken away from their homes and pets. They worry their caretaker may be removed from them which would increase their vulnerability that they will be alone or without the care they need.

It is very common for the victim to feel ashamed that their children, spouse or caretaker is mistreating them.

Older generations were more likely to have been raised to not talk about their problems and the unwillingness or inability to discuss the abuse may lead to feelings of further isolation and shame. These types of emotions then increase the likelihood to experience further feelings of stress, anxiety, frustration and depression.
Stopping Elder/Vulnerable Abuse

- It all starts by making a report, which is reviewed by Adult Protective Services (APS);
- Case investigations are opened and assigned to an APS Social Worker based on the allegation;
- APS Social Workers provide intervention steps to assist clients;
- APS Social Workers may refer cases to Law Enforcement based on their findings of the investigation;
- Law Enforcement may investigate and refer to the District Attorney for possible prosecution.

Call 888-729-6571 to report Elder Abuse
Mandatory Reporters

• A **mandatory reporter** is someone who is required by Nevada Law to notify a particular state or local agency when the person, in his/her professional or occupational capacity, knows or has reason to believe that an older or vulnerable person is being abandoned, abused, exploited, isolated, or neglected.

• Reports should be made immediately or within 24 hours.

Call 888-729-0571 to report Elder Abuse
Mandated Reporters

- Failure to report is a misdemeanor punishable by law up to 6 months in jail and/or a fine of $1,000.

STOP ABUSE

Call 1-888-729-6571 to report Elder Abuse

While Nevada establish penalties for those who fail to report, many also provide immunity from civil suits or prosecution to those who make reports in "good faith" -- even if those reports cannot be substantiated, to further encourage reporting of suspected abuse.
Who Are Mandated Reporters?

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<thead>
<tr>
<th>Medical Professionals</th>
<th>Other Professionals</th>
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<tbody>
<tr>
<td>Physicians&lt;br&gt;Dentists&lt;br&gt;Dental Hygienists&lt;br&gt;Chiropractors&lt;br&gt;Optometrists&lt;br&gt;Podiatrists&lt;br&gt;Medical Examiners&lt;br&gt;Residents&lt;br&gt;Interns&lt;br&gt;Professional or Practical Nurses&lt;br&gt;Nursing Home employees</td>
<td>Physician’s Assistants&lt;br&gt;Psychiatrists&lt;br&gt;Psychologists&lt;br&gt;Therapists – Marriage, Family, and Music&lt;br&gt;Alcohol or Drug Abuse Counselors&lt;br&gt;Ambulance Drivers&lt;br&gt;Emergency Medical Technicians&lt;br&gt;Any person employed by a facility that provides care for older persons</td>
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As you can see there are a large number of professionals who are required by law to report any suspicion of elder abuse. The most common categories of mandatory reporters are medical professionals, health care providers, mental health counselors, service providers, and virtually all government employees who come in contact with the elderly.
Who Are Mandated Reporters? (Continued)  

- Government Employees of the Department of Human Services;
- Mortuary and Funeral Home Employees;
- Social Workers;
- Home Health Agency Employees;
- Coroners;
- Law Enforcement Employees;
- Probation Officers -Juvenile or Adult;
- Financial Institution Designee;
- Securities Brokers-Dealers and Investments Advisors

Individual bank employees are not mandated to report directly to EPS or LE. They have to report to their designated person and then that person reports to LE or EPS
Content of Reports

- The report must contain the following information, when possible:
  - The name and address of the older or vulnerable person;
  - The name and address of the person responsible for his or her care, if there is one;
  - The name and address, if available, of the person who is alleged to have abandoned, abused, neglected, exploited or isolated the older or vulnerable person;

Call 888-729-0571 to report Elder Abuse

Read slide
The content of reports (Continued)

- The nature and extent of the abandonment, abuse, exploitation, isolation, or neglect of the older or vulnerable person;
- Any evidence of previous injuries;
- The basis of the reporter’s belief that the older or vulnerable person has been abandoned, abused, exploited, or isolated.

Note: “Potential” abuse is not reportable:
- The reporter must state the reasons and/or facts that lead them to believe abuse has occurred.

Call 888-729-8571 to report Elder Abuse
Here is our contact information to report elder abuse. This is our toll free number and can be called from anywhere in the US.

As a reminder, we are in the office from 8-5 m-f and not an emergency service. If there is imminent danger, we ask people to call LE. When someone calls our office after hours, on a holiday, or during the weekend, they will be given an option to be transferred to the Crisis Call Center. The Crisis Call Center (1-775-221-7620) is trained to take reports of elder abuse. They then forward the report to our office on the next business day. They are also trained to contact LE if there appears to be imminent danger.

The elder abuse PowerPoint training is available on our website. Our website also details all the programs and services offered by ADSD.