

**Name: Daniel Taeho Kim**

**Gender: Male**

**Date of Birth: February 7, 1983 (42 years old)**

**Address: 5700 Goldfinch Ct., Ellicott City, MD 21043**

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**Phone: 443-857-6535**

**Diagnosis: Autism**

**Service: DDA Self-Directed Services (SDS)**

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### **Background & Challenges Before SDS (Traditional Services):**

For years, Daniel struggled in **restrictive environments** that failed to provide the proper support he needed, leading to **severe frustration, self-harm, and aggression**:

- **Spent 10 years at Atlas Day Program**, where the **small space and lack of meaningful engagement led to frustration**.
  - **Experienced aggression from others** and was sometimes **physically restrained** when upset.
  - **Engaged in self-harming behaviors** (hitting his head) and **aggressively lashed out at others** due to unmet needs.
  - **Moved to a group home due to increasing behavioral challenges**, but this environment **failed to address his needs**:
    - **Severe food restrictions** led to **obsessive behaviors** regarding food and portion sizes.
    - **Limited personal freedom**, including **forced early bedtime at 7 PM** during the pandemic.
    - **Had an aggressive roommate**, leading to fights and damage to his room.
    - **Medication was used as the primary behavior management strategy** instead of constructive interventions.
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### **Improvements After SDS (Personalized 1:1 Support):**

With **Self-Directed Services (SDS)**, Daniel finally gained the **independence and flexibility** he needed, leading to **significant improvements**:

- **Happier and more emotionally stable**, smiling frequently and showing **improved self-control**.

- **Greater control over food intake**, eliminating past obsessions.
  - **Active participation in social and community activities**, including:
    - **Special Olympics, Lifetime Gym, KADPA Saturday School.**
    - **Attending church, visiting his grandmother, and spending time with his brother.**
  - **Significant reduction in behavioral issues**—he still takes medication, but **as long as his needs are met, he does not display problematic behaviors.**
  - **Can freely exercise, socialize, and engage in activities of his choice**, improving his overall well-being.
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### **Why SDS Matters:**

Despite **SDS being a cost-effective and successful model**, proposed budget cuts threaten its availability:

- **Fewer Service Hours** – Reductions in funding would **limit Daniel’s access to essential services**, increasing the risk of behavioral regression.
  - **Loss of Independence** – SDS allows Daniel to **exercise choice and control over his life**. Without it, he risks returning to a **restrictive and frustrating environment**.
  - **Decline in Quality of Life** – **SDS programs are critical** for Daniel’s continued growth, community engagement, and overall happiness.
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### **Call to Action:**

To ensure that individuals like Daniel continue to **live safely, happily, and independently**, we urge legislators to:

1. **Protect and prioritize funding for community-based DDA services.**
2. **Maintain or increase service hours** to provide **stable, consistent care.**
3. **Ensure fair wages for caregivers** to retain **qualified staff.**
4. **Support families relying on these programs**, ensuring they **have the resources needed to provide safe, personalized, and effective care.**