



# Seattle-King County Continuum of Care Board Application

Please complete the entire form and email to [coc.questions@kcrha.org](mailto:coc.questions@kcrha.org).

## Board Member Expectations and Commitment

Board members are required to attend one regular monthly meeting, as well as one committee or workgroup meeting each month, in addition to any special meetings that necessitate a Board vote. Members are also expected to review and respond to emails and phone correspondence, and to complete other administrative duties as needed, for an estimated commitment of up to 15 hours per month. Applicants must be prepared to serve a minimum term of two years.

General Information	
<b>Full Name &amp; Pronouns:</b>	David Sullivan
<b>Phone:</b>	+ [REDACTED] ( [REDACTED] ) [REDACTED] - [REDACTED]
<b>Email Address:</b>	[REDACTED] [REDACTED] @ [REDACTED] [REDACTED]
<b>Zip Code:</b>	98124
<b>Are you able to commit up to 15 hours a month for the 2-year duration?</b>	
Yes	
<b>Please indicate which seat you are applying for:</b>	
<b>Law Enforcement</b>	
<b>Please indicate the King County region you primarily represent.</b>	
Seattle	

## Application Questions

### 1. Please describe your understanding of a Continuum of Care (CoC).

I understand the Continuum of Care as a coordinated system is designed to meet people experiencing homelessness where they are, respond to immediate safety or survival needs, and create clear pathways into stable, permanent housing. I know that people enter the system at very different points, for very different reasons and with very different needs, so effective responses require a range of options—from street outreach and crisis response, to shelter and short-term stabilization, to housing-focused solutions like rapid re-housing and Permanent Supportive Housing.

My professional work in the forensic behavioral health crisis system has given me a practical view of how the continuum functions when it works—and what happens when it doesn't. I routinely see how outreach, emergency response, and short-term interventions can stabilize situations in the moment, but without available housing options, particularly permanent supportive housing, people become stuck cycling through crisis systems rather than moving forward.

Just like with my work at the intersection of law enforcement and behavioral health crisis, I know that a working Continuum of Care regarding homelessness is not a set of disconnected programs, but an integrated system that emphasizes coordination, harm reduction, and housing as the foundation for stability. When the system is balanced and adequately resourced, it reduces reliance on emergency services and creates better outcomes for individuals, communities, and public systems alike.

### 2. What motivates you to be on the CoC Board? Please share your specific field of interest related to the CoC.

My motivation comes from my long-standing work with people experiencing behavioral health crises, many of whom I encounter at the intersection of homelessness, mental health, substance use, and the criminal legal system. I routinely work with individuals whose circumstances have put them in repeated contact with emergency response systems—law enforcement, jails, emergency departments, and involuntary treatment pathways—not because those systems are the best fit, but because they are often the only ones available in moments of crisis.

My specific field of interest within the Continuum of Care is the high-acuity population that cycles between public systems when housing and supportive services are unavailable or poorly integrated. I have seen firsthand how well-intended crisis responses can become revolving doors without clear, durable housing exits, particularly for people with serious mental illness or co-occurring substance use disorders.

I am motivated to bring a practical, cross-systems perspective to the Board—one that emphasizes coordination, prevention of unnecessary criminalization, and investment in housing and supports that reduce repeat crises. I believe the CoC plays a meaningful role in guiding the RHA's work that interrupts costly and ineffective system cycling, and I am excited about contributing to efforts that improve outcomes for individuals while also reducing strain on emergency and public safety systems.



### 3. Describe your vision or understanding of a successful CoC Board.

I see a successful CoC Board as one that is both well-integrated and well-balanced—grounded in the lived experience of people impacted by homelessness, while also drawing on the professional expertise of its members to make informed, accountable decisions. Lived experience should meaningfully shape priorities and policy, not as symbolism, but as a core source of insight alongside data, practice, and system knowledge.

Strong leadership is essential. That means fostering an environment where trust, empathy, and respectful disagreement are possible, and where members with diverse and sometimes competing interests are still able to collaborate toward shared outcomes. A successful Board does not avoid hard conversations; it uses both empathy and professional judgment to move measured but meaningful change forward.

Equally important is clarity of mission. The RHA cannot be everything to everyone, and attempting to do so risks diluting impact. I think a responsible Board should clearly understand the RHA's purpose and work to provide recommendations that focus resources where they will do the greatest good. When the mission is well defined, collaboration becomes more productive, accountability becomes possible, and progress becomes measurable.

In my view, the most effective Board is one that balances compassion with focus, inclusion with decisiveness, and vision with practical action.

### 4. Describe your leadership experiences and style.

I bring over 30 years of professional experience as a law enforcement and investigations practitioner, supervisor, and manager, along with prior experience as a private-sector business professional. A significant part of my career has focused on crisis intervention within policing, including leading and supporting programs that help bridge behavioral health, homelessness, and the criminal legal system. This work has required both operational leadership and the ability to work across disciplines and institutions with very different cultures and priorities, while not losing focus of the often-significant impact the system has on individuals experiencing crisis.

My leadership style is hands-on and problem-focused, and always interested in people understanding the "why" behind the "what." I believe effective leadership starts with clearly understanding what a team is trying to solve for, and ensuring there is a shared roadmap for how to get there. I value collaboration and actively seek out perspectives and expertise that I lack, particularly when working in complex environments where lived experience and professional knowledge are equally important.

I am outcome-driven, but not inflexible. I expect accountability and measurable progress, while remaining willing to adjust strategies or deliverables as the dynamics of a situation change. In my experience, the most sustainable progress comes from leaders who balance clarity and direction with adaptability, humility, and trust in their team.



5. Reflecting on the Theory of Change, please describe one way you incorporate this framework in your professional or personal life. Additionally, explain how you would integrate the Theory of Change into your work on the Board and how you intend to advocate for and support the communities you represent.

**KCRHA Theory of Change:**

If we create a homeless response system that centers people with lived experience, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all.

My theory of change is rooted in the belief that complex problems—especially the overlap between behavioral health crises, homelessness, and the criminal legal system—cannot be solved by any single entity. Sustainable progress happens when diverse partners align around a shared goal, use data and lived experience to guide decisions, and hold each other accountable for measurable results.

In my work, I've seen that real impact comes from coordinated action: law enforcement, clinicians, outreach teams, courts, service providers, and community voices all pulling in the same direction. When we design systems together—rather than in silos—we reduce duplication, close gaps, and respond in ways that are safer, more humane, and more effective.

On the Board, I would apply this collective-impact approach by helping create the conditions for alignment:

- Shared purpose rooted in the needs of people experiencing homelessness
- Common measures so we know whether our actions are improving outcomes
- Cross-sector collaboration that respects professional expertise and centers lived experience
- Continuous learning, adjusting strategies when the data or community tells us we need to pivot

My role is to bring a criminal-legal and crisis-response perspective into that shared framework, advocate for the communities most affected by system gaps, and help ensure our decisions move the entire region toward coordinated, evidence-based change—without losing sight of the humanity of the people we serve.

6. Do you require any accommodations or support to fully participate as a member of the CoC Board?

**No**

