



APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors
330 Fair Lane, Placerville, CA 95667
(530) 621-5390 | edc.cob@edcgov.us

Board or Commission Applying For Behavioral Health	Vacant Position or Title Committee Member	
First Name Elizabeth	Last Name DeBenedetto	
	Residential City El Dorado Hills	Residential ZIP Code 95762
Daytime Telephone	Mobile Telephone (no value entered)	
Occupation/Title Library Hub Navigator and Early Childhood Literacy Specialist	Employer El Dorado County - Library	
List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. N/A		
Summary of qualifications Mental Health First Aid Certified Youth Mental Health First Aid Certified Consumer of Programs/Assistance for Mental Health Needs "A Librarian's Guide to Homelessness" Training with Ryan Dowd In my daily work I assist members of our community with gaining access to programs designed to improve their quality of life. As a consumer of mental health resources in our county I believe I can lend a unique perspective to the Council and MHSA regarding innovations and decisions for the needs of our district.		
Affiliations with professional and/or community groups First 5 El Dorado Community Hubs + Hub Partners El Dorado County Libraries		
Why do you seek appointment? I had an excellent conversation with Meredith Zanardi about the survey for the upcoming Mental Health Services Act plan; I expressed my interest in helping in any capacity I could, so she told me about the Behavioral Health Committee and suggested I apply. Mental health services have greatly improved my life on a very personal level, and I am passionate about people's ability to access the same kind of care that has allowed me to not only function, but thrive. I feel serving on this committee ties wonderfully into my duties as a Hub Navigator- working in the library I have a lot of direct contact with our public, especially our vulnerable populations. This means I would not only be able to assess the needs I and my Hub Partners are noticing, but also observe the impact of the policies and innovations we would be creating.		
Additional Information (no value entered)		
If known, indicate the member of the Board of Supervisors who will receive a copy of this application (no value entered)		
File Attachments (no attachments added)		
Signature of Applicant* 	Date 12/11/2021	

* You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing.
12/11/2021 01:51:18, ID: 223, URL: <https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx>