

SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 2.1  
(ID # 26030)

MEETING DATE:  
Tuesday, September 17, 2024

FROM : SUPERVISOR KAREN SPIEGEL

SUBJECT: SUPERVISOR KAREN SPIEGEL: Appointment of Quintilia Ávila to the Behavioral Health Commission, Second District [\$0]

RECOMMENDED MOTION: The Board of Supervisors appoint member to:

Committee, Commission, or Board: Behavioral Health Commission

Type of Nomination: 2nd District

Member: Name: Quintilia Avila  
Address: 92883

Term of Appointment: July 1, 2024 until June 30, 2027  
Full term is three years ending on June 30, 2027

ACTION: Consent

  
Supervisor Karen Spiegel, Supervisor 2nd District 9/10/2024

---

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Washington, Perez and Gutierrez  
Nays: None  
Absent: Spiegel  
Date: September 17, 2024  
xc: BOS- District 2, Commission, Appointee, COBLw

Kimberly A. Rector  
Clerk of the Board

By:   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

**BACKGROUND/APPOINTEE INFORMATION:**

Supervisor Spiegel recommends the appointment of Quintilia Avila to the Behavioral Health Commission. Ms. Avila will be filling an expired term, previously served by Anindita Ganguly, effective July 1, 2024 and expiring June 30, 2027.

## Lopez, Daniel

---

**From:** Aquia Mail  
**Sent:** Tuesday, September 17, 2024 11:24 AM  
**Cc:** Clerk of the Board  
**Subject:** Request to Speak Web Submission



Thank you for submitting your request to speak. The Clerk of the Board office has received your request and will be prepared to allow you to speak when your item is called. To attend the meeting, please call (669) 900-6833 and use **Meeting ID # 864 4411 6015 . Password is 20241001**. You will be muted until your item is pulled and your name is called. Please dial in at 9:00 am with the phone number you provided in the form so you can be identified during the meeting.

Submitted on September 17, 2024

Submitted values are:

**First Name**

Karla

**Last Name**

Cervantes

**Phone**

9518929916

**Agenda Date**

09/18/2024

**Agenda Item # or Public Comment**

2.1, 2.2 , 2.3, 2.4, 2.5, 2.6, 2.7

**State your position below**

Oppose

**Do you need a Spanish translator?**

No