

**BOARD COMPOSITION SURVEY  
ANNUAL REPORT  
(Rev. 06/2025)**

**INSTRUCTIONS:** Please provide the information below for each current board member and submit the completed survey to the Department, along with a copy of your board's current bylaws. The information obtained through this survey will help the Department assess your regional center's compliance with Welfare and Institutions (W&I) Code §4622(a) - (f) and (i).

**Regional Center:** Valley Mountain Regional Center

**Survey Completed by:** Elizabeth Valerio

**Date Completed:** 7/23/2025

**BOARD STATS:**

- 1.) Range or exact number of board members required as per bylaws? 15
- 2.) Number of current board members: 15
- 3.) Number of current vacancies if the Board does not have the minimum number of board members as required by its bylaws. 4

**BOARD MEMBER INFORMATION**

*Note: Please Do NOT change column width or row height- You may reduce the font size as needed*

Board Member Name	Demonstrated Interest in, or Knowledge of, Developmental Disabilities	Individual, Parent/Legal Guardian, and Vendor Committee Representation	Skills/Expertise	Geographic Representation of Catchment Area	Ethnicity Representation of Catchment Area	Race Representation of Catchment Area	Disability Represented	Current Term	Dates of Previous Terms Served	
[W&I Code §4622(l)]	[W&I Code §4622(a)]	[W&I Code §4622(e)]	[W&I Code §4622(b)]	[W&I Code §4622(d)]	[W&I Code §4622(d)]	[W&I Code §4622(d)]	[W&I Code §4622 (c)]	[W&I Code §4622(f)]	[W&I Code §4622(f)]	
Enter First Name then Last Name	Indicate: Yes or No	Indicate: Individual Served (I), Parent/Legal Guardian (P), Other (O), or Vendor Representative (VR). If other, please fill in other information in the box to the right (e.g., community member, sibling)	Indicate: Legal (L), Management (M) or Board Governance (BG), Financial (F), or Developmental Disability Program Experience (DD). Select all that apply.	Indicate: Geographic area (County)	Is the Board Member of Hispanic/Latino origin? Indicate: Hispanic /Latino (H) OR Not Hispanic/Latino (NH). Select one.	Indicate: American Indian/Alaskan Native (AN), Asian (A), Black/African American (B), Pacific Islander (PI), White (W), Some other race alone (O). Select all that apply. Note: If more than one race is selected, it will fall under the category "Two or more races"	Indicate: Intellectual Disability (ID), Cerebral Palsy (CP), Epilepsy (E), Autism (A), or 5th Category. Select all that apply.  <b>Manually enter the data on the Disability Combined tab; it will auto populate the Summary tab.</b>  If anonymity is preferred, enter the number of board members represented in each disability category on the Disability Combined tab only.	Please indicate the start and end date of the director's <b>currently appointed term</b> . e.g. 07/01/2022-06/30/2024	If applicable, please list the start and end date(s) of all previous terms. e.g. 7/1/18-7/30/20; 7/1/20-6/30/22	
		Other						Start date	End date	
Erria Kaalund	Yes	Parent/Legal Guardian (P)	<input type="checkbox"/> (L) <input type="checkbox"/> (M) <input checked="" type="checkbox"/> (BG) <input type="checkbox"/> (F) <input type="checkbox"/> (DD)	San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2025	6/30/2026	7/1/2019-6/30/2022; 7/1/2022-6/30/2025
Robert Stephen Russell	Yes	Parent/Legal Guardian (P)	<input checked="" type="checkbox"/> (L) <input checked="" type="checkbox"/> (M) <input checked="" type="checkbox"/> (BG) <input checked="" type="checkbox"/> (F) <input checked="" type="checkbox"/> (DD)	Amador	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2025	6/30/2026	7/1/2019-6/30/2022; 7/1/2022-6/30/2025
Jody Burriss	Yes	Other (O)	Professional	San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input checked="" type="checkbox"/> (CP) <input checked="" type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2023	6/30/2026	
Lisa Utsey	Yes	Individual Served (I)		Stanislaus	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2024	6/30/2027	7/1/2021-6/30/2024
Alicia Schott	Yes	Parent/Legal Guardian (P)		San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2025	6/30/2026	7/1/2019-6/30/2022; 7/1/2022-6/30/2025
Jeff Turner	Yes	Parent/Legal Guardian (P)		Stanislaus	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2023	6/30/2026	
Jessica Quesada	Yes	Individual Served (I)		San Joaquin	Hispanic/Latino (H)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2024	6/30/2027	
Gabriela Castillo	Yes	Parent/Legal Guardian (P)		Tuolumne	Hispanic/Latino (H)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input checked="" type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2025	6/30/2026	7/1/2019-6/30/2022; 7/1/2022-6/30/2025
Kenneth Huntley	Yes	Individual Served (I)		San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2024	6/30/2027	
Marisela Cruz	Yes	Parent/Legal Guardian (P)		Stanislaus	Hispanic/Latino (H)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2024	6/30/2027	
Kyle Cox	Yes	Parent/Legal Guardian (P)		Tuolumne	Not Hispanic/Latino (NH)	<input checked="" type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2024	6/30/2027	
Crystal Enyeart	Yes	Individual Served (I)		Amador	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)	1/1/2025	12/31/2025	1/1/2020-12/31/2020; 1/1/2021-12/31/2021; 1/1/2022-12/31/2022; 1/1/2023-12/31/2023; 1/1/2024-12/31/2024
Candice Bright	Yes	Vendor Representative (VR)		San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input checked="" type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input checked="" type="checkbox"/> (CP) <input checked="" type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2025	6/30/2028	
Dominique Mellion	Yes	Other (O)	Community Member	San Joaquin	Not Hispanic/Latino (NH)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input checked="" type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input type="checkbox"/> (O)	<input checked="" type="checkbox"/> (ID) <input checked="" type="checkbox"/> (CP) <input checked="" type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input checked="" type="checkbox"/> (5th)	7/1/2025	6/30/2028	
Jose Lara	Yes	Parent/Legal Guardian (P)		San Joaquin	Hispanic/Latino (H)	<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input checked="" type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input checked="" type="checkbox"/> (A) <input type="checkbox"/> (5th)	7/1/2025	6/30/2028	7/1/2022-6/30/2025
						<input type="checkbox"/> (AN) <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (PI) <input type="checkbox"/> (W) <input type="checkbox"/> (O)	<input type="checkbox"/> (ID) <input type="checkbox"/> (CP) <input type="checkbox"/> (E) <input type="checkbox"/> (A) <input type="checkbox"/> (5th)			
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TOTAL BOARD MEMBERS  
ENTERED:

15

Additional Information (optional)-For any additional information on the composition of your board please list here:

**W&I Code §4622 – The state shall contract only with agencies, the governing boards of which conform to all of the following criteria:**

- (a) The governing board shall be composed of individuals with demonstrated interest in, or knowledge of, developmental disabilities.
- (b) The membership of the governing board shall include persons with legal, management or board governance, financial, and developmental disability program expertise. Board governance expertise may not be acquired solely by serving on a regional center board.
- (c) The membership of the governing board shall include representatives of the various categories of disability to be served by the regional center.
- (d) The governing board shall reflect the geographic and ethnic characteristics of the area to be served by the regional center.
- (e) A minimum of 50 percent of the members of the governing board shall be persons with developmental disabilities or their parents or legal guardians. No less than 25 percent of the members of the governing board shall be persons with developmental disabilities.
- (f) Members of the governing board shall not be permitted to serve more than seven years within each eight-year period.
- (i) The advisory committee shall designate one of its members to serve as a member of the regional center board.