



CONFLICT OF INTEREST CODE AMENDMENT FORM

Name of Agency: Ventura County Health Care Agency
Mailing Address: 800 S. Victoria Avenue
City: Ventura CA ZIP: 93009
Contact Person: Jessica Ruiz
Phone Number: (805) 677-5176
Email Address: jessica.ruiz@ventura.org

This agency has reviewed its Conflict of Interest Code and has determined that an Amendment is required for the following reason(s): (check all that apply)

- ☒ Adding new positions that must be designated
- ☐ Revising Disclosure Categories
- ☒ Revising Titles of existing positions
- ☒ Deleting Positions that no longer need to be designated
- ☐ Revising Filing Officer designee
- ☐ Other (describe): _____

Please submit this form along with the Amended Conflict of Interest Code documents to:

Clerk of the Board's Office
800 S. Victoria Ave. #1920
Ventura, CA 93009

Please contact the Clerk of the Board's Office at (805) 654-2251 or email form700clerk@ventura.org if you have any questions.

2024 Local Agency Biennial Notice

Name of Agency: Ventura County Health Care Agency
Mailing Address: 800 S. Victoria Avenue, Ventura, CA 93009
Contact Person: Jessica Ruiz Phone No. 805-677-5176
Email: jessica.ruiz@ventura.org Alternate Email: _____

Accurate disclosure is essential to monitor whether officials have conflicts of interest and to help ensure public trust in government. The biennial review examines current programs to ensure that the agency's code includes disclosure by those agency officials who make or participate in making governmental decisions.

This agency has reviewed its conflict of interest code and has determined that (*check one BOX*):

☒ An amendment is required. The following amendments are necessary:

(*Check all that apply.*)

- ☒ Include new positions
- ☐ Revise disclosure categories
- ☒ Revise the titles of existing positions
- ☒ Delete titles of positions that have been abolished and/or positions that no longer make or participate in making governmental decisions
- ☐ Other (*describe*) _____

☐ The code is currently under review by the code reviewing body.

☐ No amendment is required. (If your code is over five years old, amendments may be necessary.)

Verification (to be completed if no amendment is required)

This agency's code accurately designates all positions that make or participate in the making of governmental decisions. The disclosure assigned to those positions accurately requires that all investments, business positions, interests in real property, and sources of income that may foreseeably be affected materially by the decisions made by those holding designated positions are reported. The code includes all other provisions required by Government Code Section 87302.



Signature of Chief Executive Officer

1/7/2025

Date

All agencies must complete and return this notice regardless of how recently your code was approved or amended. Please return this notice no later than October 3, 2024, or by the date specified by your agency, if earlier, to: **E-Mail to: form700clerk@ventura.org**

or
Mail to: Clerk of the Board of Supervisors
800 S. Victoria Avenue, L# 1920
Ventura, CA 93009-1920

PLEASE DO NOT RETURN THIS FORM TO THE FPPC.

CONFLICT OF INTEREST CODE
County of Ventura – Health Care Agency

The Political Reform Act, Government Code section 81000 et seq., requires local government agencies to adopt and promulgate Conflict of Interest Codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code Regs., § 18730) which contains the terms of a standard Conflict of Interest Code, which may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act after public notice and hearings.

The terms of California Code of Regulations, Title 2, Section 18730, and any amendment to it duly adopted by the Fair Political Practices Commission, are hereby incorporated by reference as the Conflict of Interest Code for the County of Ventura Health Care Agency, and along with the attached Exhibit A, which designates positions requiring disclosure and Exhibit B, which sets forth disclosure categories for each designated position, constitute the Conflict of Interest Code of the County of Ventura Health Care Agency. Persons holding positions designated in Exhibit A shall file Form 700 Statements of Economic Interests with the Clerk of the Ventura County Board of Supervisors' Office which shall be the Filing Officer.

IN PREPARING THE FORM 700, DESIGNATED FILERS NEED ONLY DISCLOSE THOSE FINANCIAL INTERESTS FALLING WITHIN THE DISCLOSURE CATEGORIES DESIGNATED FOR THAT FILER'S POSITION AS STATED IN EXHIBITS A AND B.

APPROVED AND ADOPTED this 7 day of January 2025:


By: 
Print Name: Theresa Cho, MD
Title: Director, HCA

EXHIBIT A – DESIGNATED POSITIONS

# of POSITIONS	POSITION TITLE	DISCLOSURE CATEGORIES (From Exhibit B)
2	Administrative Services Director III	1
2	Agency Public Information Officer I/II/III	1
1	Ambulatory Care Administrator	1
2	Assistant Chief Financial Officer – HCA E	2
1	Assistant Director Behavioral Health	1
1	Assistant Director Public Health	1
2	Assistant Insurance Services Administrator	2,3,4
1	Assistant Public Guardian-Conservator	1
1	Associate Chief Nursing Exec	1
36	BH Clinic Administrator I/II/III	4,5,6
1	BH Division Manager	1
5	BH Division Manager - E	1
23	BH Manager I/II	1
1	CEO Medical Director-Amb Care	1
1	Chief Deputy Director HCA	1
1	Chief Financial Officer-HCA	1
2	Chief Financial Officer-Hospital	1
4	Chief Hospital Operations-E	1
2	Chief Hospital Operations – Prof & Sup Svcs-E	1
1	Chief Medical Director-Ambulatory Care	1
1	Chief Medical Information Officer	1
2	Chief Medical Quality Officer	1
1	Chief Nurse Executive	1
1	Chief Operations Officer - Hospital	1
7	Clinic Medical Director	1
5	Clinical Nurse Manager	4,6
1	Compliance Officer	1
5	Deputy Director, Health Care Agency	1
1	Director Health Care Agency	1
1	Director Laboratory Services	4,6
1	Director of Pharmacy Services	4,5,6
1	Director Public Health Nursing	3,4,5,6
11	HCA Administrative Manager I/II	1
1	HCA Facilities Manager	1
1	HCA Materials Manager	1
12	Hospital Nurse Manager I/II	2,4,6
6	Manager, Accounting I/II	2,4,5,6
2	Manager, Accounting Hospital	2,4,5,6
1	Manager, Ambulatory Nursing	3,4,5,6
1	Medical Director	1
2	Medical Director- Hospital	1
1	Nursing Suprvsr – MH Inpatient	2,4,6
13	Outpatient Clinic Administrator I/II/III	1

4	Public Health Division Manager	2,3,4,5
1	Public Health Lab Director	2,3,4,5
1	Public Health Officer	2,3,4,5
2	Senior Manager, Accounting	2,4,5,6
8	Sr.Behavioral Health Manager	1
30	Staff/Services Manager I/II/III	2,4,5,6
1	Staff/Services Manager II – NE	2,4,5,6
1	VCHCP Medical Director	1
Consultants¹		

Revised 1/6/2025

¹ The disclosure, if any, required of a consultant will be determined on a case-by-case basis by the head of the agency or designee. The determination of whether a consultant has disclosure requirements should be made in writing on a Fair Political Practices Commission Form 805. The determination should include a description of the consultant's duties and based upon that description, a statement of the extent, if any, of the disclosure requirements. Each Form 805 is a public record and should be retained for public inspection either in the same manner and location as the Conflict of Interest Code, or with appropriate documentation at the location where the Conflict of Interest Code is maintained, cross-referencing to the Form 805.

EXHIBIT B – DISCLOSURE CATEGORIES

The terms *italicized* below have specific meaning under the Political Reform Act. In addition, the financial interests of a spouse, domestic partner and dependent children of the public official holding the designated position may require reporting. Consult the instructions and reference pamphlet of the Form 700 for explanation.

Category 1 – BROADEST DISCLOSURE

[SEE FORM 700 SCHEDULES A-1, A-2, B, C, D and E]

- (1) All sources of *income, gifts, loans* and *travel payments*;
- (2) All *interests in real property*; and
- (3) All *investments* and *business positions* in *business entities*.

Category 2 – REAL PROPERTY

[SEE FORM 700 SCHEDULE B]

All *interests in real property*, including *interests in real property* held by *business entities* and trusts in which the public official holds a business position or has an *investment* or other financial interest.

Category 3 – LAND DEVELOPMENT, CONSTRUCTION AND TRANSACTION

[SEE FORM 700 SCHEDULES A-1, A-2, C, D and E]

All *investments, business positions* and sources of *income, gifts, loans* and *travel payments*, from sources which engage in land development, construction, or real property acquisition or sale.

Category 4 – PROCUREMENT

[SEE FORM 700 SCHEDULES A-1, A-2, C, D and E]

All *investments, business positions* and sources of *income, gifts, loans* and *travel payments*, from sources which provide services, supplies, materials, machinery or equipment which the designated position procures or assists in procuring on behalf of their agency or department.

Category 5 – REGULATION AND PERMITTING

[SEE FORM 700 SCHEDULES A-1, A-2, C, D and E]

All *investments, business positions* and sources of *income, gifts, loans* and *travel payments*, from sources which are subject to the regulatory, permitting or licensing authority of, or have an application or license pending before, the designated position's agency or department.

Category 6 – FUNDING

[SEE FORM 700 SCHEDULES A-1, A-2, C, D and E]

All *investments, business positions* and sources of *income, gifts, loans* and *travel payments*, from sources which receive grants or other funding from or through the designated position's agency or department.

DESIGNATED POSITIONS AND FILING OFFICERS

Based on the foregoing, the following agency positions and/or consultants qualify as “other officials who manage public investments” and shall file Statements of Economic Interests (Form 700) pursuant to Government Code section 87200 et seq. with the below-designated Filing Officers:

# of POSITIONS	POSITION TITLE/CONSULTANT	FILING OFFICER (Designate County Clerk of Board [COB] or Local Agency's Clerk [AC])
1	AFMC Medical Director	COB
1	Assistant EMS Medical Director	COB
1	Associate Chief Medical Officer	COB
1	Associate Medical Director-SPH	COB
1	Associate Medical Director-VCMC	COB
1	Chief of Addiction Medicine	COB
1	CMS Medical Director, Public Health	COB
1	Deputy Health Officer-Public Health	COB
1	EMS Medical Director	COB
1	Medical Director-BH Adults, Youth & Family Division	COB
1	Medical Director-BH Substance Abuse Use Disorders Division	COB
1	Medical Director-IPU	COB
1	Medical Director-Ventura County Health Care Plan	COB
1	Revenue Cycle Interim Director	COB
1	Specialty Medical Director	COB
1	VCMC Medical Residency Director	COB

Revised 1/6/25



**BOARD MINUTES
BOARD OF SUPERVISORS, COUNTY OF VENTURA, STATE OF CALIFORNIA**

**SUPERVISORS MATT LAVERE, JEFF GORELL,
KELLY LONG, JANICE S. PARVIN AND VIANEY LOPEZ
January 28, 2025 at 8:30 a.m.**

CONSENT – COUNTY EXECUTIVE OFFICE – Adoption of the Conflict of Interest Codes for Health Care Agency, Pleasant Valley School District, and Probation Agency.

- (X) All Board members are present.
- (X) Upon motion of Supervisor Parvin, seconded by Supervisor LaVere, and duly carried, the Board hereby approves the recommendations as stated in the respective Board letters for Consent Items 9 - 26, with a revised Board letter for item 13 and a revised Exhibit 1 for item 16.

By: Lori Key
Lori Key
Assistant Chief Deputy Clerk of the Board

March 25, 2025"

Agency Report of:

New Positions

Clerk of the Board

A Public Document

California
Form **804**

1. Agency Name (Also include, Division, Department, or Region (if applicable))

Health Care Agency

Amendment

Agency Contact

Jessica Ruiz

Date of Original Filing: _____

(month, day, year)

Phone Number

805-677-5176

Email

jessica.ruiz@ventura.org

2. New Position Information

Position Title/Classification and Job Summary	Assigned Category	OR	Disclosure Requirement	Assuming/Start Date (Optional)
Manager, IT	4, 6			Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr
				Start ____/____/____ m / d / yr

3. Verification

I have read and understand FPPC Regulations 18700.3 and 18734. I have verified that the disclosure assignment(s) set forth above, is in accordance with its provisions.



Signature

Jessica Ruiz

Name

Deputy Executive Officer-HR

Title

3/24/2025

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Print

Clear