



PRISM - Employment Practices Legal Advice Service
75 Iron Point Circle, Suite 200
Folsom, CA 95630
916-850-7400

Legal Services Engagement Agreement

This Agreement is entered into between PRISM and Mendocino County for participation in PRISM's Employment Practices Legal Advice Service (Advice Service). This Agreement establishes an attorney-client relationship and is effective from the date of its execution until terminated by either party, as outlined below.

1. **Scope of Services:** The Advice Service is available for confidential legal advice, process and policy guidance, and support with documentation drafting for labor and employment law issues, on an as-needed basis and upon request of Mendocino County. The Advice Service does not include, nor will we undertake any additional legal services for, attorney attendance at interactive process meetings, conducting investigations or interviews, attorney attendance at grievance meetings or Skelly hearings, preparing and submitting responses to administrative charges, or representation in litigation or administrative matters.
2. **No Fees or Costs:** There will be no fees or costs charged to Mendocino County for the legal services provided under this agreement. This service is available to you as an included benefit with your membership in a major PRISM program.
3. **Confidentiality:** As your attorneys, we will maintain the confidentiality of all information related to your matter(s), in accordance with California law and the California Rules of Professional Conduct. To ensure confidentiality is maintained, Mendocino County shall designate a primary and secondary contact for communications with PRISM attorneys.
4. **PRISM Notice and Reporting Requirements:** As a PRISM member, Mendocino County has notice reporting requirements for claims or potential claims under the applicable Memorandum of Coverage, Addendum A - Workers' Compensation Claims Administration Standards, and Addendum B - Liability Claims Administration Standards. You understand that use of the Advice Service under this Agreement does not alter or take the place of you making the appropriate reports pursuant to those reporting requirements.
5. **Termination of Representation:** Mendocino County is eligible for the Advice Service due to its membership in at least one major PRISM program. If Mendocino County is no longer a member of an eligible program, we will terminate our representation accordingly. We also reserve the right to withdraw from representing Mendocino County if required or permitted under the California Rules of Professional Conduct. Furthermore, Mendocino County may terminate our representation at any time upon written notice.

6. **Primary and Secondary Contacts:** To ensure confidentiality is maintained and to assist in effective use of the Advice Service, Mendocino County will identify primary and secondary contacts, who are persons authorized by Mendocino County to receive legal advice on its behalf. Mendocino County can update the primary or secondary contact at any time by notifying PRISM's attorneys. As of the date of this Agreement, those contacts are:

Primary Contact

Name: Bella Arostegui
Title: Acting Administrative Analyst I
E-mail: arosteguig@mendocinocounty.gov
Phone: (707) 830-2043

Secondary Contact

Name: Heather Correll Rose
Title: Risk Manager
E-mail: correllh@mendocinocounty.gov
Phone: 707-234-6061

Acknowledgment and Agreement

I, Cherie Johnson, on behalf of Mendocino County, have read and understood this engagement agreement. I agree to the terms outlined above.

See signature on page 3

Cherie Johnson
Director of Human Resources
Mendocino County

See signature on page 3

Katie Mola
Deputy General Counsel
PRISM

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: 
DEPARTMENT HEAD

Date: 05/05/2025

Budgeted: ☐ Yes ☒ No

Budget Unit: 1320

Line Item: 862189

Org/Object Code: HR

Grant: ☐ Yes ☒ No

Grant No.:

COUNTY OF MENDOCINO

By: 
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 06/24/2025


ATTEST:

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 06/24/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: 
Deputy 06/24/2025

INSURANCE REVIEW:

By: 
Risk Management

Date: 05/05/2025

CONTRACTOR/COMPANY NAME

By: Katie Mola
SIGNATURE

Date: 5/9/25

NAME AND ADDRESS OF CONTRACTOR:

KM
~~PRISM Health~~

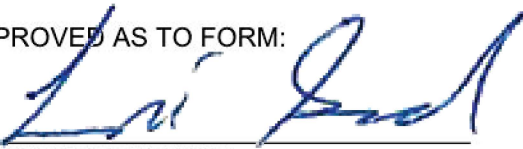
75 Iron Point Circle, Suite 200

Folsom, CA 95630

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

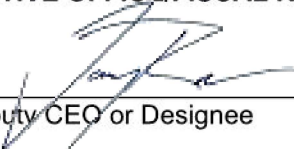
COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: 
COUNTY COUNSEL

Date: 05/05/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 05/05/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed ☐

Mendocino County Business License: Valid ☐

Exempt Pursuant to MCC Section: _____