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AGENDA REPORT

2011 JUN -2 PM 1:34

TO: Office of the City Administrator
ATTN: P. Lament Ewell
FROM: Finance and Management Agency / Risk Management Division
DATE: June 14, 2011

RE: **Discussion and Possible Action on a Report Regarding Workers' Compensation**

EXECUTIVE SUMMARY

This report responds to the Finance Committee directives of March 8, 2011 regarding additional information pertaining to the City's Workers' Compensation Program. Staff was directed to provide additional information regarding practices used by other public entities with "effective" workers' compensation programs and provide a plan of action on how to improve the City's current approach to workers' compensation program administration.

Staff surveyed a number of California public entities, including those mentioned by members of the Finance Committee and found some fundamental administrative differences between the City's program and those of the surveyed cities. These fundamental differences were largely centered on how workers' compensation costs were allocated across departmental budgets as well as the procedural design of the modified (transitional) duty programs.

Staff further analyzed the workers' compensation self-insured annual report (SIA Report) for the surveyed cities and other comparable entities, based on size or geographic location. The SIA report tracks mandated workers' compensation expenditures for all self-insured employers within the State of California. It was found that in the area of medical expenditures, the City has outperformed all but two of the reviewed entities as well as the combined average of all self-insured employers in the State of California. However, in the area of indemnity (disability benefits) expenditures, the City has incurred a significant increase that outpaced all comparable entities and the statewide average.

By incorporating some of the fundamental differences in how the City administers its workers' compensation, staff believes significant impacts can be made on the indemnity expenditure side of the program. Staff intends to make significant changes to the funding mechanism for indemnity expenses directly linked to the City's transitional duty program. The changes will transfer the financial burden back to the injured employee's department should they choose not to extend transitional duty to injured employees with work restrictions. This change is substantially consistent with how other public entities with successful transitional duty programs generate commitment and buy-in from departments to fully utilize available employee resources.

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In instances where an employee's treating physician is not providing work restrictions, Risk Management will utilize extraordinary efforts to solicit a viable response from the treating physician and the burden will be placed on the employee to secure usable work restrictions, at the risk of losing some or all their workers' compensation benefits. Risk Management will also work directly with the employee's physician to identify an employee's abilities to match them with work assignments that conform to their identified abilities.

These program changes will be formalized in an administrative instruction that is currently under development. This will ensure consistent application throughout the City.

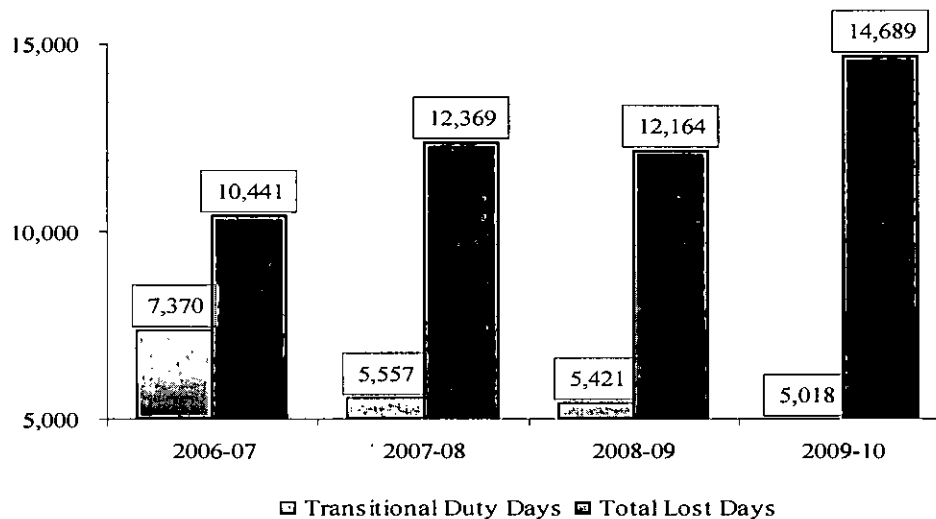
DISCUSSION OF KEY ISSUES

On March 8, 2011, the Finance Committee directed staff to report back to the Committee with recommendations on cost saving strategies for the City of Oakland's Workers' Compensation Program. Staff was directed to include information on how other cities are successfully managing their workers' compensation costs.

Analysis of the Worker's Compensation Expenditures (*Attachment A*) found that indemnity costs (or the temporary disability benefits paid to injured employees) increased by 30.3% between FY 2008-09 and 2009-10. During this same period, open indemnity (temporary disability) claims were reduced by 7.5%, going from 922 in FY 2008-09 to 858 in FY2009-10, which should have resulted in a similar reduction in indemnity expenditures. Likewise, the number of transitional duty (modified duty) days declined by 7.5%, while the number of lost days increased by 20.8%, mirroring the increase in indemnity expenditures (Table 1) This resulted in an average days lost increase of 29.6% (from 13.2 days/claim to 17.1 days/claim).

Table 1

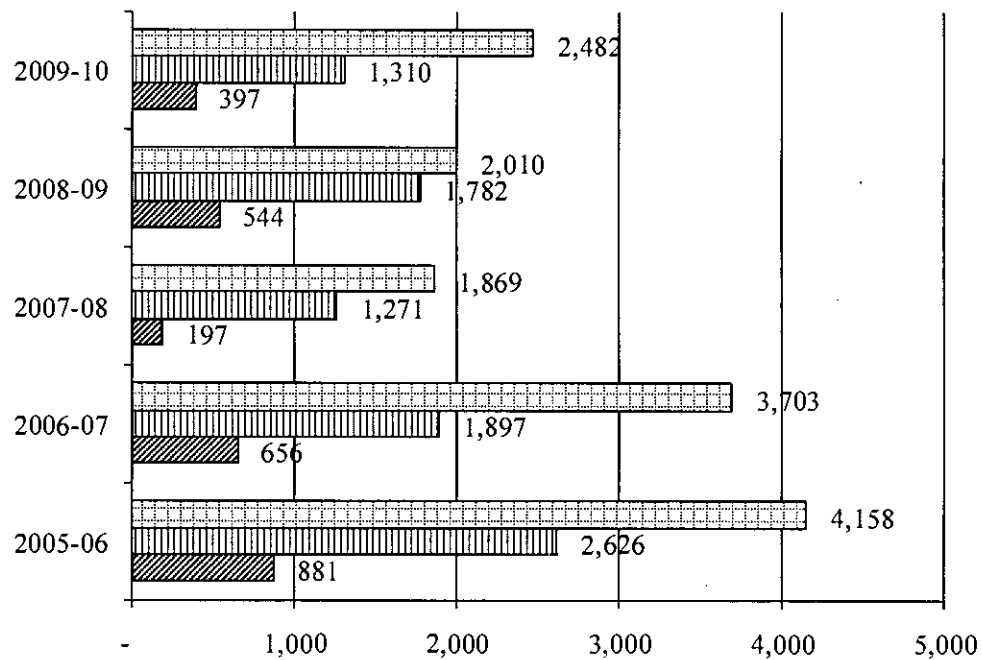
Transitional Duty Days vs. Total Lost Days



The decline in departmental participation in Transitional Duty is also demonstrated in the information shown in Table 2 below. This table shows that the three major departments that impact the City's Workers' Compensation Program have experienced a marked decline in Transition Duty Days over the past 5 years. While participation rates have fluctuated up and down over the last three years, all departments remain significantly below their FY 2005-06 participation rate.

Table 2

Number of Transitional Duty Days Worked by Police,
 Public Works, and Fire
 (FY 2005-06 through FY 2009-10)



	2005-06	2006-07	2007-08	2008-09	2009-10
☐ Police Employees	4,158	3,703	1,869	2,010	2,482
▨ Public Works Employees	2,626	1,897	1,271	1,782	1,310
▩ Fire Employees	881	656	197	544	397

This data indicates that revisions or updates to the Transitional Duty Program may be appropriate and staff has taken steps to implement programmatic changes.

At the direction of the Finance Committee, staff contacted several public entities that were reputed to successfully contain their workers' compensation program costs. These included the cities of Fairfield, Santa Barbara, Fresno, San Bernardino, San Diego, Sacramento and Long

Beach, as well as Contra Costa County. Among the characteristics common of the surveyed entities were:

- High departmental participation rates in the modified duty (transitional duty) programs;
- Indemnity expense cost sharing among departments;
- Written transitional duty policy applicable organization-wide;
- Employee refusal to accept transitional duty assignment results in ineligibility for non-sworn salary supplement, "temporary disability," and California Labor Code Section 4850 benefits for sworn employees (full pay, tax-free, for one year); and
- Open dialogue and collaboration with the medical community servicing the injured employees.

Staff was also directed to review the workers' compensation experience of other public entities. A number of comparable public entities were reviewed. Selection of the entities was based on their comparable size, their geographic proximity to Oakland or their reputed success in managing their workers' compensation program. *Attachments B and C* provide comparison charts for the entities considered.

Attachment B shows that the City's medical costs have remained stable over the past three years, with an increase of only 1.7%. By comparison, the average increase for the Comparable Entities group was 14.5% and for all Self-Insured Public Employers in the State of California was 11.6%. Similarly, the consumer price index for medical care increased by 10.7% during this same period. This supports staff's analysis that current medical strategies used through our partnership with the contracted medical provider and our third party administrator have proven to stabilize and aggressively control a primary cost driver of the City's Workers' Compensation Program.

In contrast, *Attachment C* shows that the City's average indemnity costs have doubled over the past three years. Part of this is due to the aggressive case closure focus to limit the future liabilities on open claims and the catastrophic losses incurred during Fiscal Year 2008-09. *Both these factors were discussed in the 2009-10 Annual Report and will not be reiterated here.* Absent these two factors, the City's indemnity (temporary disability) costs increased by 23.5% over the past three years.

The impact of this increased indemnity (temporary disability) is felt not only in the financial impact on the workers' compensation program, but also in the lost productivity as demonstrated by a marked reduction in departmental utilization of the Transitional Duty Program. Presently, departments do not have an incentive to participate in the program, since employees with work restrictions who are not accommodated simply remain on workers' compensation disability, which is paid through the Workers' Compensation Program funds (Fund 1150) instead of the department's payroll.

Staff also conducted research to identify the current industry best practices relevant to Workers' Compensation Program administration. Industry Best Practices commonly identified by experts

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include proactive return to work programs as a key element in a coordinated loss management program. The International Risk Management Institute (IRMI) identifies several employer-implemented elements found in effective Workers' Compensation Programs. These include:

- Effective Hiring Practices;
- Mission Statement and Orientation that support the organization's commitment to employee health and safety;
- Supervisor training in employee safety and injury prevention;
- Internal Accident Investigation;
- Primary Medical Care Facilities;
- Prompt Claim Reporting;
- Return to Work Programs; and
- Communication and Documentation.

The City of Oakland has already adopted the majority of these Best Practices in some fashion. The practices that have the most direct impact on program costs tend to be the ones related to claims reporting, medical care and return to work programs. These will be the focus of the remainder of this report.

- **Primary Medical Care Facilities:** The City contracts occupational medical services from Concentra Health Services. As demonstrated earlier in this report, by having a collaborative relationship with Concentra Health Services and our third party claims administrator, JT2 Integrated Resources, we have been able to effectively contain the medical cost impact on this program.

Per the suggestion by City Council, staff analyzed the medical services model used by the City of Denver, Colorado. Staff's initial research found that Denver is actually a City and County entity which has significant medical services provided to the community, similar to the City and County of San Francisco and most other counties within the State of California. One of the divisions within the Denver Health medical group is the Center for Occupational Safety and Health (COSH). It markets itself to provide occupational health services not only to the City and County of Denver, but also to unaffiliated employers within their geographic area. The COSH is made up of 4-5 occupational medical physicians and the support staff necessary to operate a substantial clinic. It is unclear whether Denver Health is under the full jurisdiction of the County administration or if they organizationally are independent of the County.

It is not feasible to bring a similar operation into the City at this time as it would require considerable expense and liability. The services provided by Denver Health's COSH is substantially similar to the scope of services within the City's current Occupational Medical Contract with Concentra Health Services. Staff will work with Concentra Health Services to modify their existing scope to more closely align with the services model of Denver Health's COSH and other successful occupational medical clinics.

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Additionally, focus is needed to garner cooperation and collaboration from medical providers with whom the City does not currently have a contractual relationship in order to promote an "early return to work." Under the State Labor Code, employees have the option to "pre-designate" their preferred physician to provide injury care. Frequently, employees will secure treatment from physicians that are recommended by their co-workers or attorney, based on the perceived level of medical advocacy that physician would provide. While complying with the minimum reporting standards imposed by the State to ensure their medical bills are paid, several of these "pre-designated" physicians are not responsive to the City's request for medical restrictions. Without restrictions, the City is not able to place employees in modified work assignments as part of our transitional duty program.

Of the 500-plus doctors providing medical treatment to our injured employees, staff identified approximately forty who are currently responsible for keeping over fifty employees off work without providing medical restrictions. Four of the doctors have three or more patients off work with no restrictions provided.

Working with our Third Party Administrator, programmatic changes are underway to identify and implement outreach strategies to encourage uncooperative doctors to provide restrictions, thereby enabling the employees to participate in the return to work program. Staff is currently negotiating with a vendor that specializes in negotiating early return to work releases from otherwise uncooperative doctors. It is anticipated that coupled with other programmatic changes discussed in this report, this will further reduce the number of employees who remain off work due to injury or illness.

- **Prompt Claim Reporting:** In April 2010, the City piloted a program called Company Nurse, which provides a 24-hour Injury Reporting Hotline that both employees and supervisors can use to immediately report injuries. This enables the City to receive injury information more promptly and provides the injured employee with telephonic medical triage from Registered Nurses trained in occupational injury care. Employees are provided with medical advice that helps them determine the necessity or immediacy of care that may be needed as the result of their injury. The intent of this program is to properly direct (triage) employees to either the City's contracted physicians or to their personal treater, depending on the information gathered during the interview.
- **Return to Work Program:** In 2002, the City adopted a formalized Return to Work Program. As it currently functions, once the City is notified of work restrictions for an injured employee, departments attempt to place the employee into a temporary modified assignment that conforms to the work restrictions. The program is designed to be a short-term accommodation that works toward an eventual full-time return to work for injured employees. The assignments have by necessity transitional timeframes and schedules,

which vary depending on types of injuries, physical abilities, limitations, skills and pre-injury job duties.

Risk Management monitors the Return to Work process and provides assistance when requested. Department participation is voluntary and when the department chooses not to return the employee in a temporary assignment, the employee is placed back on workers' compensation temporary disability. This practice directly impacts the indemnity costs associated with workers' compensation as temporary disability is funded solely from Fund 1150 – Workers' Compensation Fund and provides no financial incentive to the department to proactively participate.

As discussed earlier in this report, department participation has markedly declined, resulting in a corresponding increase in indemnity costs. Under its current construct, departments have no incentive to actively participate in the City's Return to Work Program.

To reverse this increasing trend, Risk Management has instituted a two-pronged change to the City's Return to Work Program that should result in immediate impact on the Workers' Compensation Program indemnity costs.

- a. **Funding Changes** - The first prong changes the funding mechanism for employees placed on leave after they have received work restrictions. Effective July 1, 2011, departments will be partially responsible for the employee's salary continuation. This substantively changes the Workers' Compensation Program funding practices without impacting the injured employee who is being compelled not to report to work by their department. This also conforms with the City's practice when a department is evaluating an employee's fitness for duty. Essentially, if the department compels an employee to remain off work because they are questioning their fitness, even though they have viable work restrictions, the City's standard practice is to place the employee on Administrative Paid Leave until the department is able to accommodate the employee's limitations. This change should result in an immediate positive impact in the Workers' Compensation indemnity expenditures as well as create a more consistent method of addressing workplace accommodations.
- b. **Programmatic Resources** - The second prong involves making resources available to departments to develop and offer meaningful modified duty tasks. With the reduction in force experienced by departments over the past years and the resulting work backlog, opportunities exist for employees who have temporary limitations to remain productive for the City. This results in benefits to both the employee and the department.

In the past, departments have found it challenging to "cobble together" short-term tasks sufficient to support a transitional duty assignment. This is largely because the department is focused on what the employee *cannot* do or their temporary disability,

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resulting in employees *not* being returned to work since transitional duty is not made available by departments. Similarly, when transitional duty is made available, it is either in short duration, not meaningful or of a nature that it should actually be assigned to a permanent position because of the specialized and prolonged nature of the work. Complaints staff frequently receive from departments is that they don't have adequate supervision to oversee employees on transitional duty, revealing that the department has not effectively assimilated this program into the culture of the department. Ultimately, departments are not equipped sufficiently to design task assignments that do not jeopardize the Workers' Compensation/ Federal Employment and Housing Administration (FEHA) requirements for accommodating temporary work restrictions.

Recognizing this challenge, Risk Management, through our TPA, has made resources available to departments to assist them in designing suitable transitional duty assignments. The intent of the services is to focus and capitalize on the employee's abilities, not their disability. Included in the resources are:

- Transitional Duty assignment design services that document physical requirements of key existing tasks;
- Medical liaison services that coordinate directly with the treating physician and the department to make transitional assignments available to the injured employee at the earliest possible opportunity;
- Transitional Duty Monitoring to ensure employees are progressively worked back into their original full duty assignment;
- Participation monitoring to track the success rate of placements and employee return to their full duty assignments.

An Administrative Instruction (AI) is currently being developed to formalize the Transitional Duty Program policy and procedures. This AI will be presented to the Committee as part of our next annual report.

Finally, as part of our annual Program Assessment, staff will include a review component to assess the effectiveness of the current lines of communication and information sharing amongst the TPA, Risk Management and departments. While the TPA's performance is reviewed annually by an independent Risk Management consultant, the review focuses largely on the TPA's compliance with Industry Accepted Best Practices for claims administration. Our TPA has always received at least a B+ rating from the auditor. But a missing component at evaluation is the perceived customer service for the departmental clients, not a common element in the Best Practices performance expectations.

Given the substantive internal programmatic changes underway, and the additional burden that would be placed on the department, staff believes it would be appropriate to review the perceived customer service element to either educate departments on what

level of service is reasonable and acceptable or to incorporate "value added" services where feasible and appropriate.

SUSTAINABLE OPPORTUNITIES

Economic: There are no economic opportunities associated with this report.

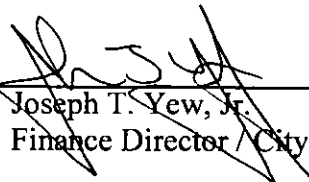
Environmental: There are no environmental opportunities associated with this report.

Social Equity: There are no social equity opportunities associated with this report.

ACTION REQUESTED OF THE CITY COUNCIL

Staff requests that Council accept this informational report.

Respectfully submitted,



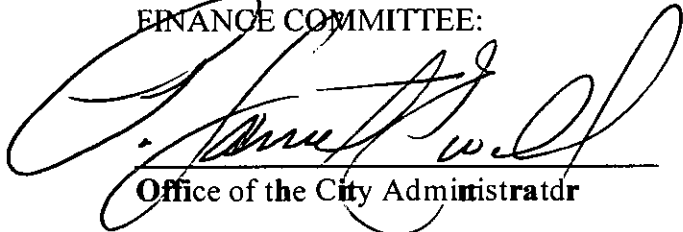
Joseph T. Yew, Jr.
Finance Director / City Treasurer

Prepared by:
Deborah Grant, Risk Manager
Risk Management Division

ATTACHMENTS

- Attachment A – Analysis of Workers' Compensation Expenditures
- Attachment B – Comparison of Workers' Compensation Medical Costs
- Attachment C – Comparison of Workers' Compensation Indemnity Costs

APPROVED AND FORWARDED TO THE
FINANCE COMMITTEE:



Office of the City Administrator

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**Analysis of Workers' Compensation Expenditures
FY 2005-06 through FY 2009-10**

	2005-06	2006-07	2007-08	2008-09	2009-10 ⁽¹⁾	Percentage Change Since 2005-06
OPERATIONS EXPENDITURES						
INDEMNITY / SETTLEMENT						
Permanent Disability	\$ 3,592,032	\$ 4,889,912	\$ 3,735,520	\$ 4,567,441	\$ 5,036,106	40%
INDEMNITY / SALARY⁽²⁾						
Non-4850⁽³⁾						
Temporary Disability	\$ 1,833,183	\$ 2,269,510	\$ 1,583,731	\$ 1,045,350	\$ 1,371,942	
Civilian - Salary Supplement	\$ 681,679	\$ 725,863	\$ 574,907	\$ 428,485	\$ 526,605	
Total Non-4850 Pay	\$ 2,514,862	\$ 2,995,373	\$ 2,158,638	\$ 1,473,835	\$ 1,898,547	-25%
4850⁽⁴⁾						
Sworn - OPD - 4850 Pay	\$ 2,735,571	\$ 3,164,191	\$ 2,145,813	\$ 1,726,011	\$ 2,654,322	
Sworn - OFD - 4850 Pay	\$ 1,884,324	\$ 2,124,254	\$ 2,042,638	\$ 2,677,212	\$ 3,104,530	
Total 4850 Pay	\$ 4,619,895	\$ 5,288,445	\$ 4,188,451	\$ 4,403,223	\$ 5,758,852	25%
Subtotal -- Indemnity / Salary	\$ 7,134,757	\$ 8,283,818	\$ 6,347,089	\$ 5,877,058	\$ 7,657,399	7%
ALLOCATED						
Rehabilitation	\$ 440,119	\$ 277,247	\$ 140,384	\$ 88,391	\$ 23,955	
Investigative Claims Expense	\$ 272,107	\$ 447,674	\$ 398,844	\$ 443,300	\$ 403,961	
Legal	\$ 673,970	\$ 815,482	\$ 838,922	\$ 1,023,725	\$ 1,180,255	
10% Penalties	\$ 79,925	\$ 25,324	\$ 27,845	\$ 18,587	\$ 7,864	
Subtotal -- Allocated	\$ 1,466,121	\$ 1,565,727	\$ 1,405,995	\$ 1,574,003	\$ 1,616,035	10%
MEDICAL						
City Physician (Concentra)	\$ 298,937	\$ 391,776	\$ 401,045	\$ 403,931	\$ 187,662	
All Others	\$ 5,150,445	\$ 6,034,822	\$ 6,450,942	\$ 5,906,908	\$ 6,158,683	
Subtotal -- Medical	\$ 5,449,382	\$ 6,426,598	\$ 6,851,987	\$ 6,310,839	\$ 6,346,345	16%
SUB-TOTAL OPERATIONS EXPENDITURES	\$ 17,642,292	\$ 21,166,055	\$ 18,340,591	\$ 18,329,341	\$ 20,655,885	17%
THIRD PARTY RECOVERY - REFUNDED TO CITY	\$ (139,326)	\$ (383,618)	\$ (597,789)	\$ (329,531)	\$ (821,953)	
TOTAL OPERATIONS EXPENDITURES	\$ 17,502,966	\$ 20,782,437	\$ 17,742,802	\$ 17,999,810	\$ 19,833,932	13%
ADMINISTRATIVE EXPENDITURES						
Claims Administrator Contract	\$ 1,615,482	\$ 1,673,884	\$ 1,999,572	\$ 2,082,888	\$ 2,112,868	
Bill Review Expense ⁽⁵⁾	\$ 501,335	\$ 653,128	\$ 656,369	\$ 582,384	\$ 582,384	
SUBTOTAL -- ADMINISTRATIVE EXPENDITURES	\$ 2,116,817	\$ 2,327,012	\$ 2,655,941	\$ 2,665,272	\$ 2,695,252	27%
TOTAL WORKERS' COMPENSATION EXPENSE	\$ 19,619,783	\$ 23,109,449	\$ 20,398,743	\$ 20,665,082	\$ 22,529,184	15%

(1) Figures are for the period July 1, 2009 through June 30, 2010 (as of July 28, 2010)

(2) Indemnity / Salary is in Fund 1250.

(3) Non-4850 pay is the amount paid to Civilian employees required by the State of California labor code for workers' compensation benefits plus the negotiated salary supplement contained in the City of Oakland memorandum of Understanding for each labor unit.

(4) 4850 pay is the total amount paid to Sworn employees (Police and Fire) required by the State of California Labor Code § 4850.

(5) Bill Review saved the City an additional \$11,322,373 in FY 2009-10.

Note: Officer deaths (March 21, 2009) resulted in unexpected expenses in the amount of \$173,619, and increased future reserves of \$3.5 Million.

Medical

<i>Employer</i>	<i>Number of employees (09/10)</i>	<i>07/08 Avg Med Pd</i>	<i>08/09 Avg Med Pd</i>	<i>% Change (07/08 to 08/09)</i>	<i>09/10 Avg Med Pd</i>	<i>% Change (08/09 to 09/10)</i>	<i>% Change (07/08 to 09/10)</i>
City of Oakland	4,604	\$ 6,462	\$ 6,154	-4.8%	\$ 6,573	6.8%	1.7%
City of Anaheim	3,445	\$ 5,120	\$ 5,372	4.9%	\$ 6,145	14.4%	20.0%
City of Berkeley	2,063	\$ 5,855	\$ 8,255	41.0%	\$ 6,191	-25.0%	5.7%
City of Fairfield	793	\$ 7,304	\$ 9,956	36.3%	\$ 5,031	-49.5%	-31.1%
City of Fresno	3,979	\$ 4,316	\$ 4,552	5.5%	\$ 5,252	15.4%	21.7%
City of Long Beach	5,539	\$ 4,908	\$ 5,537	12.8%	\$ 5,683	2.6%	15.8%
City of Pasadena	2,401	\$ 4,653	\$ 5,370	15.4%	\$ 5,654	5.3%	21.5%
City of Riverside	2,512	\$ 2,904	\$ 3,450	18.8%	\$ 4,192	21.5%	44.4%
City of Sacramento	5,344	\$ 3,115	\$ 4,124	32.4%	\$ 3,739	-9.3%	20.0%
City of San Bernardino	1,463	\$ 3,678	\$ 4,800	30.5%	\$ 4,200	-12.5%	14.2%
City of San Diego	10,243	\$ 5,261	\$ 4,963	-5.7%	\$ 5,811	17.1%	10.5%
City of San Jose	7,924	\$ 2,006	\$ 2,619	30.6%	\$ 2,429	-7.3%	21.1%
City of Santa Barbara	1,671	\$ 4,019	\$ 3,502	-12.9%	\$ 4,230	20.8%	5.3%
City of Santa Monica	2,502	\$ 5,812	\$ 7,476	28.6%	\$ 5,943	-20.5%	2.3%
County of Alameda	9,389	\$ 3,948	\$ 4,662	18.1%	\$ 4,459	-4.4%	12.9%
County of Contra Costa	8,846	\$ 4,440	\$ 4,210	-5.2%	\$ 4,148	-1.5%	-6.6%
East Bay Municipal Utility District	1,832	\$ 3,487	\$ 7,303	109.4%	\$ 4,517	-38.1%	29.5%
Oakland Unified School District	5,715	\$ 4,849	\$ 5,573	14.9%	\$ 6,369	14.3%	31.3%
Port of Oakland	447	\$ 2,597	\$ 2,347	-9.6%	\$ 2,856	21.7%	10.0%
San Francisco Bay Area Rapid Transit District	3,131	\$ 4,454	\$ 4,838	8.6%	\$ 5,684	17.5%	27.6%
Comparable Entities	79,239	\$ 3,964	\$ 4,505	13.7%	\$ 4,538	0.7%	14.5%
All Public Self Insured Employers	2,040,413	\$ 5,112	\$ 5,506	7.7%	\$ 5,703	3.6%	11.6%

Indemnity

<i>Employer</i>	<i>Number of employees (09/10)</i>	<i>07/08 Avg Indemn Pd</i>	<i>08/09 Avg Indemn Pd</i>	<i>% Change (07/08 to 08/09)</i>	<i>09/10 Avg Indemn Pd</i>	<i>% Change (08/09 to 09/10)</i>	<i>% Change (07/08 to 09/10)</i>
City of Oakland	4,604	\$ 8,784	\$ 10,297	17.2%	\$ 13,640	32.5%	55.3%
City of Anaheim	3,445	\$ 3,541	\$ 3,078	-13.1%	\$ 3,596	16.8%	1.6%
City of Berkeley	2,063	\$ 8,023	\$ 7,063	-12.0%	\$ 5,778	-18.2%	-28.0%
City of Fairfield	793	\$ 4,030	\$ 5,372	33.3%	\$ 6,857	27.6%	70.1%
City of Fresno	3,979	\$ 3,650	\$ 3,443	-5.7%	\$ 3,725	8.2%	2.0%
City of Long Beach	5,539	\$ 3,363	\$ 3,831	13.9%	\$ 3,638	-5.0%	8.2%
City of Pasadena	2,401	\$ 5,167	\$ 5,074	-1.8%	\$ 5,469	7.8%	5.8%
City of Riverside	2,512	\$ 2,265	\$ 2,557	12.9%	\$ 2,967	16.0%	31.0%
City of Sacramento	5,344	\$ 2,936	\$ 3,577	21.8%	\$ 3,439	-3.9%	17.1%
City of San Bernardino	1,463	\$ 5,187	\$ 5,437	4.8%	\$ 5,943	9.3%	14.6%
City of San Diego	10,243	\$ 3,756	\$ 3,323	-11.5%	\$ 3,864	16.3%	2.9%
City of San Jose	7,924	\$ 3,081	\$ 3,287	6.7%	\$ 3,373	2.6%	9.5%
City of Santa Barbara	1,671	\$ 4,094	\$ 3,809	-7.0%	\$ 3,126	-17.9%	-23.6%
City of Santa Monica	2,502	\$ 5,099	\$ 5,247	2.9%	\$ 4,621	-11.9%	-9.4%
County of Alameda	9,389	\$ 5,174	\$ 5,179	0.1%	\$ 5,330	2.9%	3.0%
County of Contra Costa	8,846	\$ 3,506	\$ 3,151	-10.1%	\$ 3,636	15.4%	3.7%
East Bay Municipal Utility District	1,832	\$ 3,559	\$ 3,446	-3.2%	\$ 4,305	24.9%	21.0%
Oakland Unified School District	5,715	\$ 4,235	\$ 4,713	11.3%	\$ 4,737	0.5%	11.9%
Port of Oakland	447	\$ 4,673	\$ 4,792	2.5%	\$ 3,902	-18.6%	-16.5%
San Francisco Bay Area Rapid Transit District	3,131	\$ 6,713	\$ 5,626	-16.2%	\$ 6,721	19.5%	0.1%
Comparable Entities	79,239	\$ 3,962	\$ 3,956	-0.2%	\$ 4,147	4.8%	4.7%
All Public Self Insured Employers	2,040,413	\$ 5,068	\$ 4,846	-4.4%	\$ 4,862	0.3%	-4.1%