



# Report to the San Francisco Workers' Compensation Council Meeting

November 3, 2025

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- Accomplishments & FY26 Initiatives
- Temporary Transitional Work Program Report
- Supporting the Recovering Employee Following an Injury
- Data, Insights, and Dashboard Presentation

# Accomplishments and Initiatives

# Accomplishments and FY25-26 Initiatives

- **Claim Results**
  - Achieved citywide closure ratio of 98% for FY24-25
  - 2025 DWC Full Compliance Audit score – **1.43319**.
  - WC Client Satisfaction Survey Results: 4.53 on a 1-5 rating scale
- **TTWA Program**
  - Temporary Modified Duty accommodation led to program cost avoidance of over \$17 million in WC indemnity benefits over FY24-25
  - Full implementation of TTWA Action Plan in progress
- **Clarification of Workers Compensation “Urban Myths”**
  - Quarterly knowledge share series to educate on common WC misconceptions
  - Development of online course for employees injured on the job underway
- **Contracting**
  - RFP for Investigator and Special Investigation Unit Services in development
  - Ombudsperson Contract final negotiations in process
- **Streamlining of Administrative WC Reporting Requirements**
  - Public Self-Insured Report filed with state 10/1/25
  - Updates to Admin Code sections underway to remove WC reporting requirements which are no longer relevant or efficient
  - WC Staff Access to Citywide payroll data for wage calculation pending



# Accomplishments & FY26 Initiatives

- **Technology Improvement Initiatives**
  - Developed Key WC Data Dashboards September 2025
  - Pilot underway with ADM for CAL/OSHA incident reporting and data tracking from Claim system
  - Upgrade in Official Disability Guidelines (ODG) Predictive modeling integration with claim system Q2 FY26
  - Deployment of electronic Claim Form (DWC -1) Routing citywide
- **Catastrophic Illness Program**
  - Finalizing administrative updates to program, including policy and FAQ, for communication citywide
  - Further considerations underway for streamlining CIP Communications for better understanding and process efficiency
- **Medical Provider Network**
  - MPN Formally Re-Approved by the state 8/8/25
  - Added 17 providers to our MPN since 7/1/24; of which 15 were mental health providers
  - Ongoing discussions continuing with MPN providers with performance issues on return-to-work, reporting and failure to address treatment outcomes
  - Pilot program with additional telehealth psych provider continuing to support 3 departments with high counts of mental health claims
- **ADR Program**
  - Working with POA, Local 798, and their selected actuary on second opinion analysis
  - Continued work with Fire and Police Behavioral Health Units on mutual understanding of challenges of mental health claims and streamline of WC processes

# OSHA Pilot Project



# Pilot: OSHA Tracking & Reporting Automation

## The Challenge

OSHA injury and illness reporting requires strict federal and state compliance.

Departments face inconsistent tools and manual processes, resulting in:

- Delays in reporting and compliance risk
- Duplicated data entry
- Fragmented tracking across departments

## The Opportunity

Nearly all OSHA-reportable cases become Workers' Compensation claims.

Leveraging the existing Workers' Compensation system allows us to:

- Centralize OSHA tracking and reporting
- Eliminate duplicate work
- Improve speed, accuracy, and visibility



# Pilot: OSHA Tracking & Reporting Automation

## The Solution

The Workers' Compensation team has automated OSHA reporting within the existing platform.

Features include:

- Streamlined claim creation and classification
- Role-based access for data integrity
- Auto-generation of Cal/OSHA reports **300, 300A, 301, and 5020**

## Pilot & Next Steps

Initial rollout with the **Administrative Services Department (ADM)**.

Following validation, available to all City departments **at no additional cost**.

## Key Benefits

- Faster, more accurate reporting
- Seamless integration with Workers' Compensation
- Improved compliance and reduced manual effort
- Consistent, citywide oversight — no added cost



# Form Intake Automation



# Benefits of Automating Workers' Compensation (DWC) Forms

- **Streamlined Efficiency**
  - Standardizes and digitizes the DWC form process to reduce manual handling and paperwork.
  - Enables faster, same-day submission and processing of DWC forms.
- **Accuracy & Compliance**
  - Built-in validation checks prevent errors and incomplete filings.
  - Ensures compliance with state DWC reporting standards and creates a full digital audit trail.
- **Improved Experience**
  - Simplifies form completion for employees and supervisors through guided digital workflows.
  - Provides real-time status tracking and fewer follow-ups.



**SFMTA**

# FY 24/25 Accomplishments & FY 26 Initiatives

## **Program Initiatives & Collaborations | FY 2024–25**

**Advancing Recovery, Reducing Costs, and Strengthening Accountability**

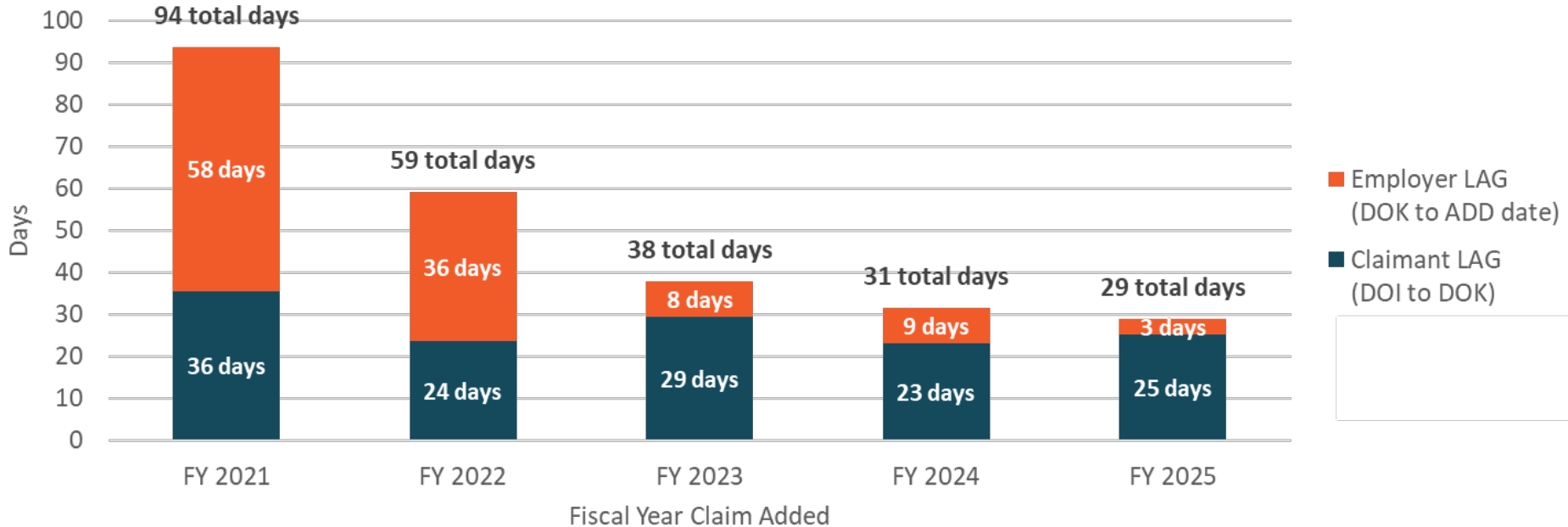
### **Key Initiatives:**

- **LightSpeed Program Expansion**
  - Accelerated claim triage and same-day contact with injured workers, improving trust and reducing delays in care.
- **Telephonic Nurse Triage**
  - Continued rollout of early medical intervention at the point of injury, reducing unnecessary treatment delays and facilitating earlier return to work.
- **Transitional Work Program (TWP)**
  - Increased placement rates through collaboration with field divisions and supervisors.
  - Monthly tracking of TTD savings and audit reports enhanced accountability and program visibility.
- **Aggressive Claim Resolution Strategy**
- **Provider Accountability**
  - Ongoing partnership with treating physicians to improve the clarity and quality of work status reports.
  - Focused efforts to challenge inappropriate restrictions or treatment delays.
- **Increased Claims Oversight & Engagement**
  - Regular claim roundtables with Intercare examiners to escalate barriers, resolve treatment and return-to-work issues, and implement proactive file strategies

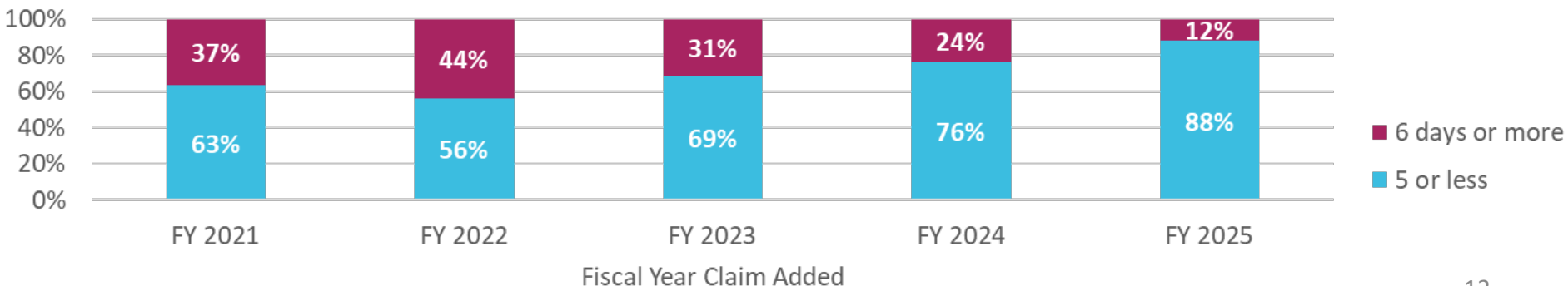


# Accomplishment Lag Summary

Average Days between DOI and Claim Add Date



Reported in 5 Days or Less





## Priorities

### 1. **Maintain Efficient Claim Resolution Amid Agency Budget Constraints**

With SFMTA facing projected annual deficits of **\$300M+ by July 2026**, maintaining momentum in improving settlement rates which will be critical to reduce long-tail liability and free up adjuster capacity.

### 2. **Expand Transitional Work Placement**

Identify more department-specific light duty roles to drive down TTD days and improve return-to-work outcomes.

### 3. **Provider Accountability & Performance Monitoring**

Strengthen expectations with treating physicians on timely MMI determinations and appropriate work statuses.

### 4. **Improve Assault Response Protocols**

Continue to enhance coordination between Transit Inspectors, SFPD, and Departments for faster incident documentation and employee support.

### 5. **Data-Driven Decision Making**

Expand the use of dashboards and audit reports to monitor claim trends, missed opportunities, and real-time program savings.

### 6. **Strengthen Labor & Stakeholder Partnerships**

Continue engagement with union groups to promote shared understanding of program improvements, early intervention, and recovery-focused practices.

# Temporary Transitional Work Program Report



# TTWA Findings: FY25 - FY26Q1

1,472 Claims with Reported Work Status Tracking



91% Reported Eligible for Modified Duty

9% Claims  
Ineligible



74% Accommodated by Employer

26% Not  
Accommodated

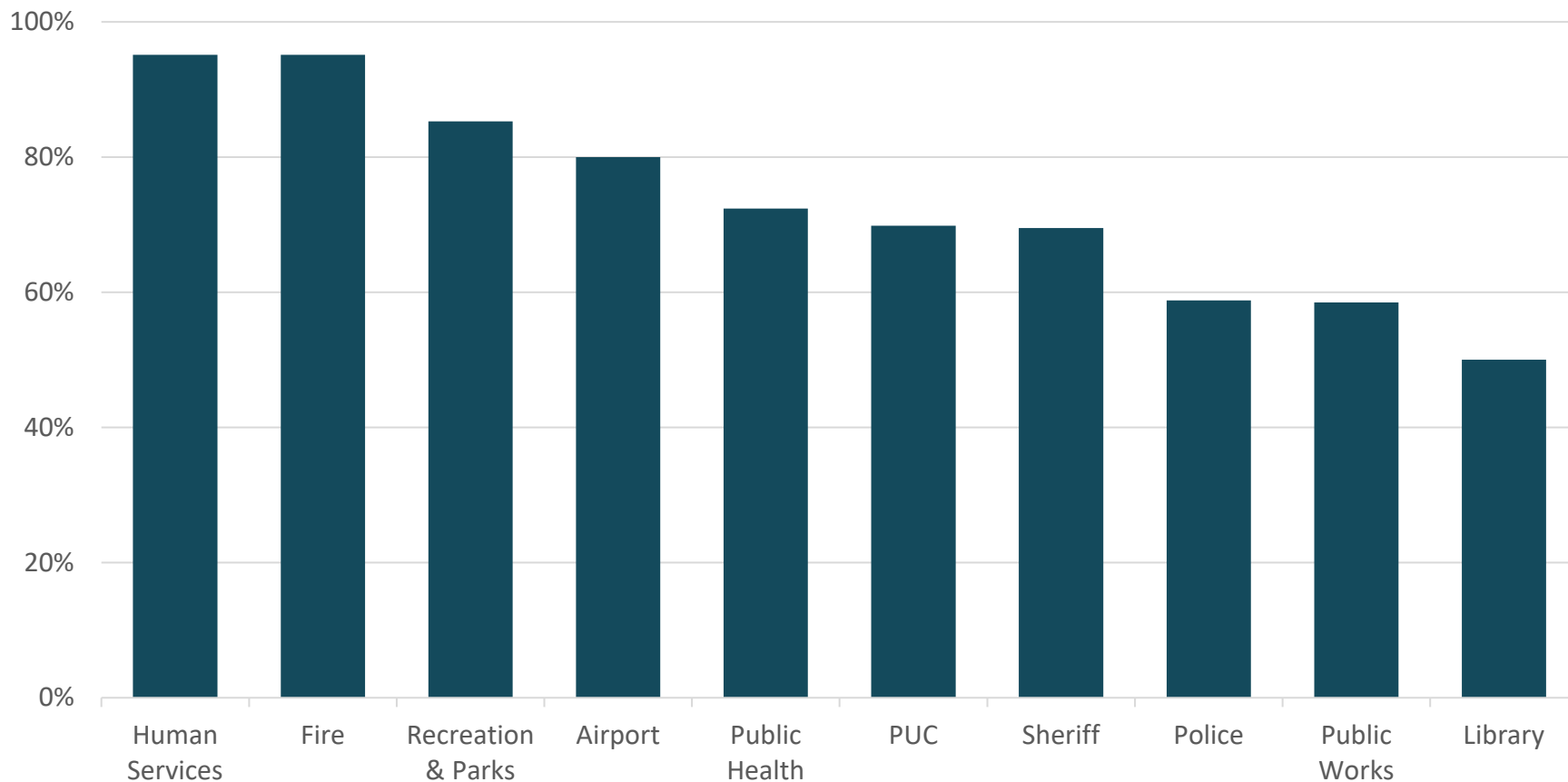
- 42 Lost Days per claim (average)
- 111 Lost Days per claim (average)

## ***Key Findings:***

- City incurs an average of 69 additional lost days per claim where modified duty was not accommodated by the department
- Average of approximately \$24,723 per claim in additional lost time benefits paid when not accommodated



# Percentage of TTWA Accommodation Provided by the Top 10 Departments



## Notes:

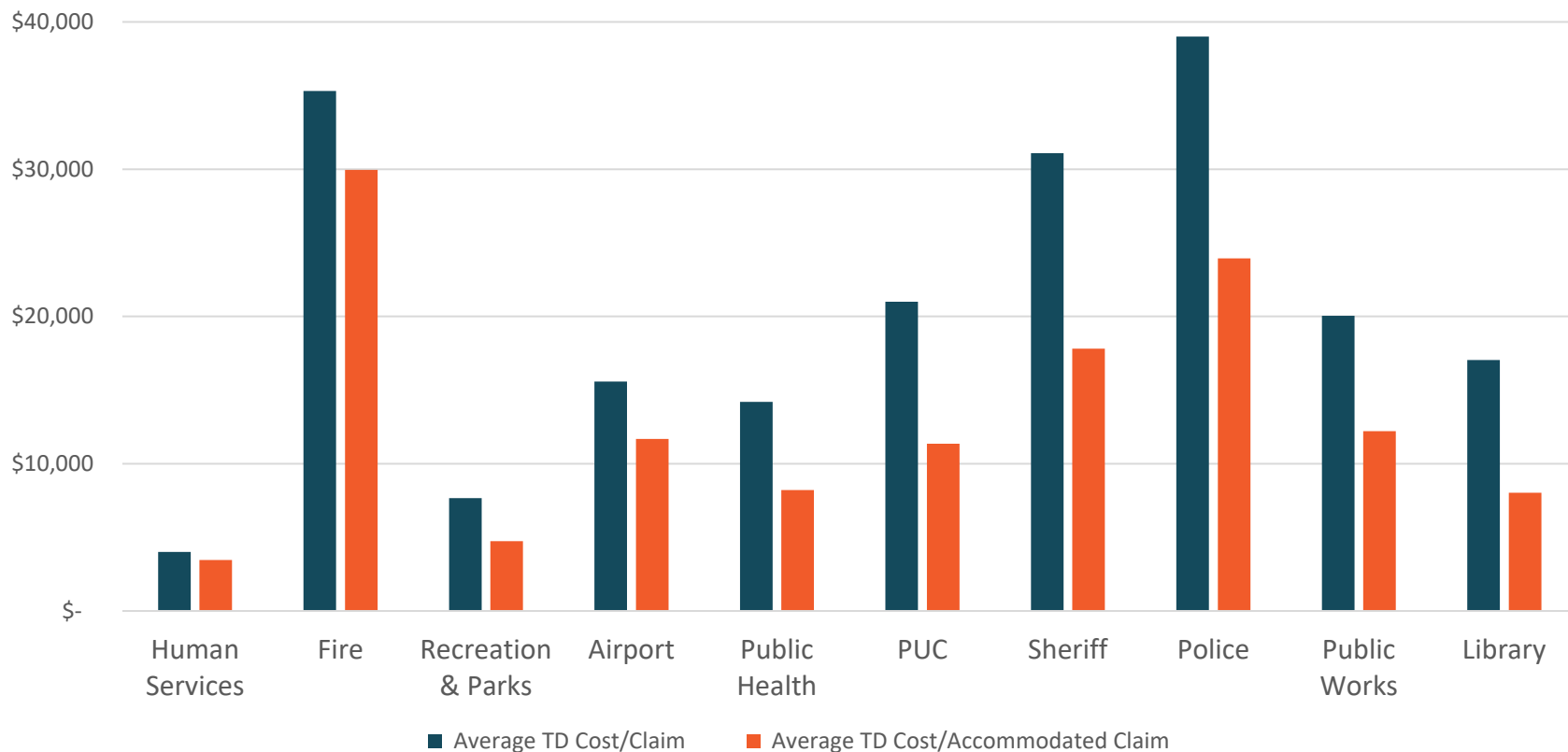
Top 10 departments providing TTWA accommodation were based on claim count with TTWA event end date between 7/1/2024 and 9/30/2025.





# Temporary Disability (TD) Average Cost vs. Accommodated

## Top 10 Departments



### Notes:

Top 10 departments providing TTWA accommodation were based on claim count with TTWA event end date between 7/1/2024 and 9/30/2025.



# TTWA Action Plan



- **Objective:**
  - Increase accommodation rates, decrease lost days, and reduce additional lost-time costs by improving modified duty placements
- **Expected Outcome:**
  - Accommodation rates >80%
  - Reduced average lost days per claim
  - Estimated savings of ~\$20,000 per non-accommodated claim



# TTWA Action Plan

TTWA Action Plan includes, but not limited to:

- Increased Departmental Engagement
- Expanded Light Duty Assignment Pool
- Technology Enhancements
- Physician Collaboration and Education
- Metrics and Reporting



## FY24/25 Transitional Work Program (TWP) Highlights

### Light Duty Participation – Q1 Snapshot

- 153 injured workers (IW) eligible for light duty
- 63 are currently accommodated (**41%**)
- 13 (8%) have exhausted or worked partial light duty, or have been released back to full duty

### TWP Financial Impact – FY24/25 Total Estimated Savings: \$3.85M

- \$2.485M in Temporary Disability (TD) savings
- \$1.35M in value of work performed by IWs on TWP

### Program Growth – Weekly Average of IWs Accommodated

Quarter	Average IWs Accommodated
Q1	34
Q2	24
Q3	35
Q4	51
Q1 FY 25/26	62

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## **What drove TWP's rapid growth at SFMTA?**

- Monthly tracking and reporting of Temporary Disability (TD) costs
- Value-based case study conducted at Woods Maintenance
- Ongoing collaboration with medical providers to improve clarity and function-based work status reports
- Creation of audit reports identifying:
  - Workers who could be accommodated in current roles
  - Injured workers not yet referred for light duty consideration

## **• What's next FY 26?**

- Development of a centralized Light Duty Repository
  - Ensures visibility of all light duty roles available across the agency
  - Shared with Intercare to help adjusters match injured workers to modified duty opportunities
  - Assist Medical Providers to guide them in writing restrictions that align with SFMTA capabilities

# Supporting the Employee Following an Injury



# Additional Support for Recovering Employees

- Emotional Intelligence training for Claims Staff completed July 2025
- Development of Assault and Mental Health Claim handling fast track protocol in progress
- Partnership continuing with EAP and Behavioral Health Units on expanding support for injured employees with mental health claims
- “One Stop Shop” information vehicle to help supervisors and injured employees quickly access critical WC information following an injury or illness
- My Learning Course for injured employees to provide information, clarify misconceptions and set expectations



# How We Support Our Employees

## Immediate Response & Guidance

- **LightSpeed Program (same day):** Quick contact, docs shared, employee statement recorded
- **Intercare Adjuster:** Acts as a “claims tour guide,” clarifying compensation timelines, treatment expectations, and the claims process
- **Telephonic (Early Intervention) Nurse:** Day one (1) Reviews injury, initiates medical plan, contacts employee to build trust and ensure timely medical care

## Ongoing Support & Resources

- **SFMTA Work Comp Intranet:** Secure A–Z resources-forms, benefits, return-to-work tools, Transitional Work Program
- **SFMTA Workers Compensation Team Follow-Up:** Personal check-in within two weeks to assess recovery, answer questions, and guide claim progress
- **Intercare-** contact with employee at least every 28 days if not sooner depending on the injury
- **Our Commitment:** Open communication, genuine care, and a focus on safe, supported recovery





## **1. Immediate Action & Reporting**

- Employee must report all assaults promptly to their Supervisor or the Transit Management Center (TMC).
- Same-day claim escalation via LightSpeed Program; coordinated response with Intercare, Transit Inspector, and SFPD as needed.

## **2. Investigation & Support**

- Collect onboard coach video footage, witness statements, and police reports.
- Intercare adjuster + telephonic nurse triage = full guidance through treatment, benefits, and recovery.

## **3. Prevention & Insight**

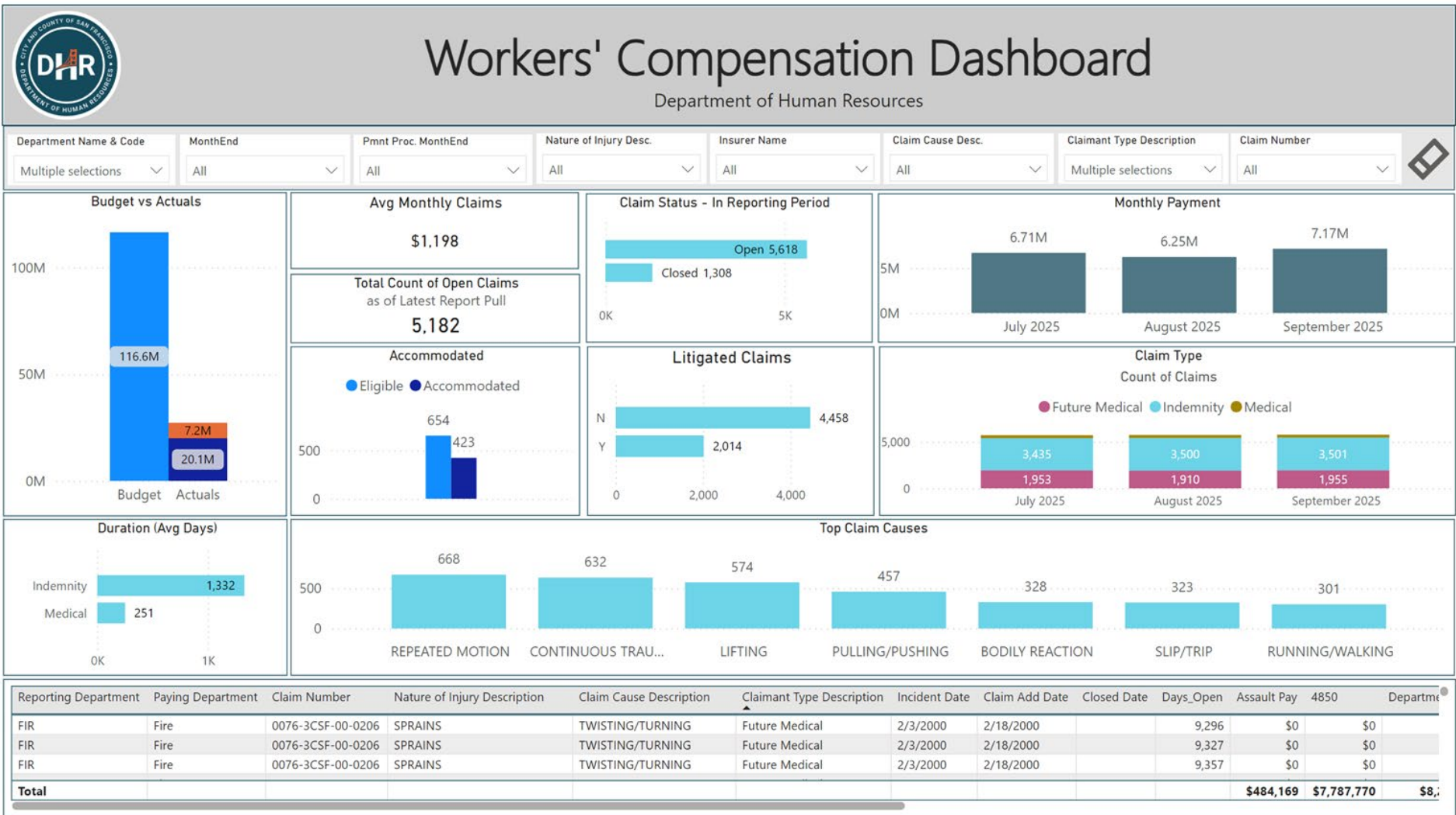
- Monitor incident trends to identify hotspots.
- Safety: de-escalation training, TMC call access, Plexiglass barriers, enhanced onboard video.

## **4. Recovery & Reintegration**

- SFMTA Work Comp Sr. HR Analyst team checks in within the employee at 2 weeks.
- Emphasis on emotional wellness, EAP support, and safe return-to-work planning.

# Data, Insights and Dashboard Presentation

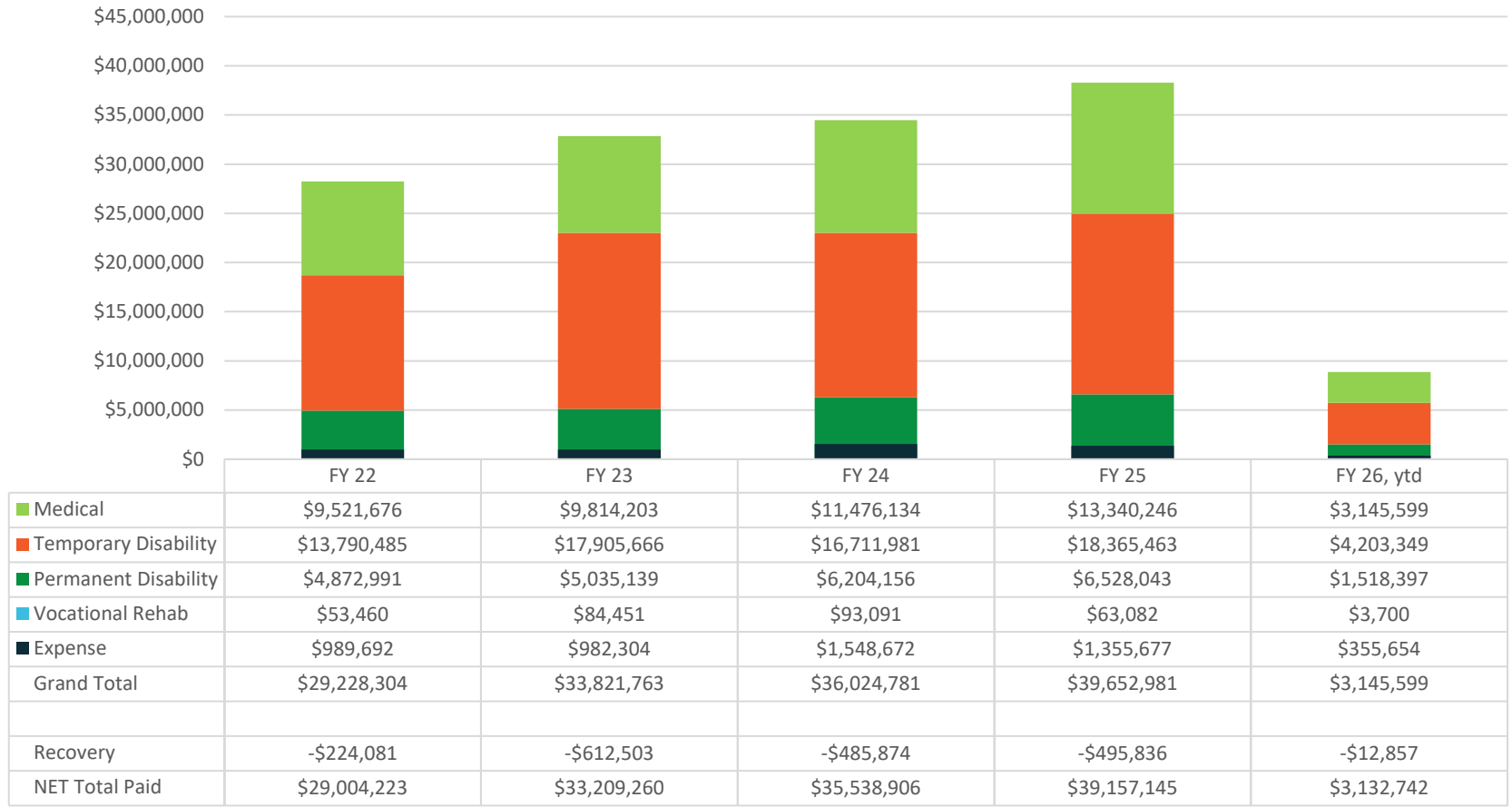
# Sample View





# SFMTA Payment Distribution

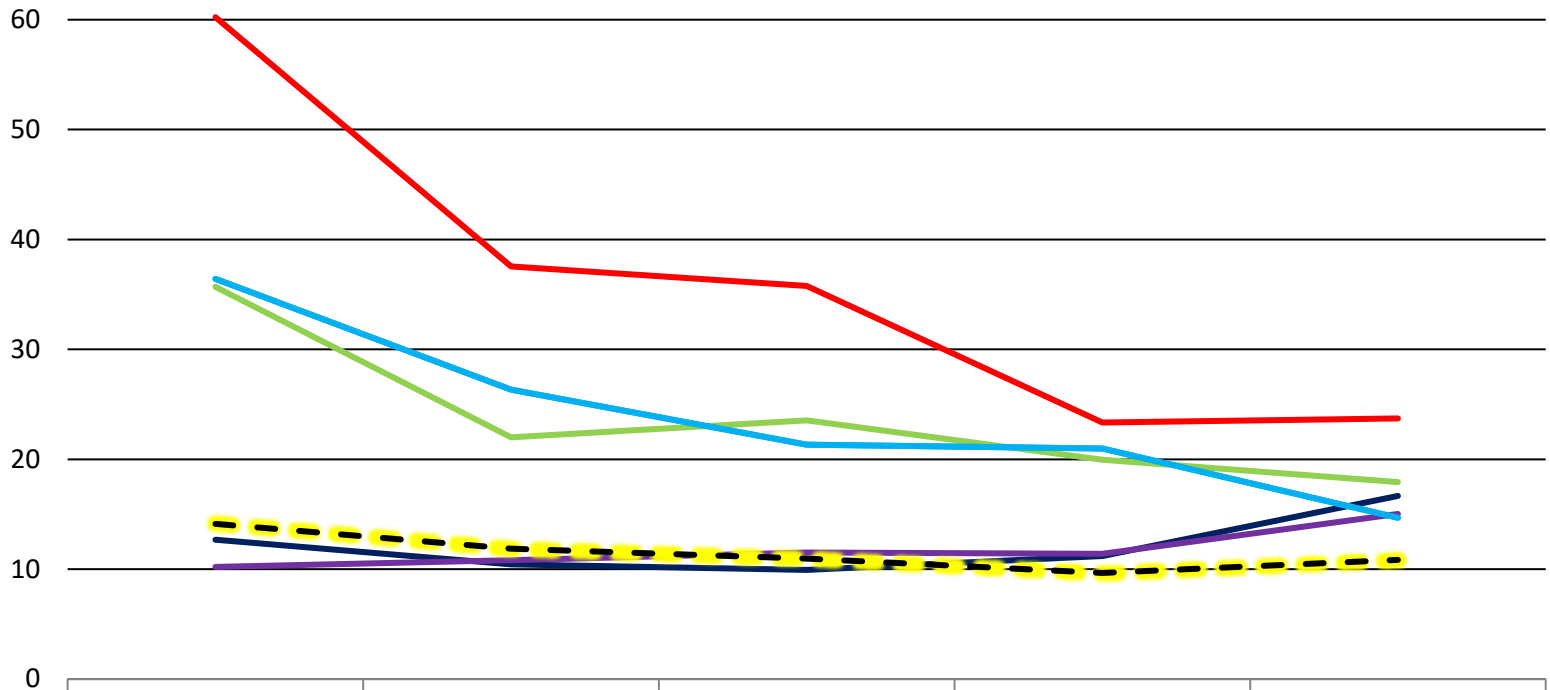
**Payment Distribution by Reserve Category**  
Total Payments Processed in Referenced Fiscal Year





# Top 5 Departments Injury Trend

## Claims Incurred Per 100 FTE

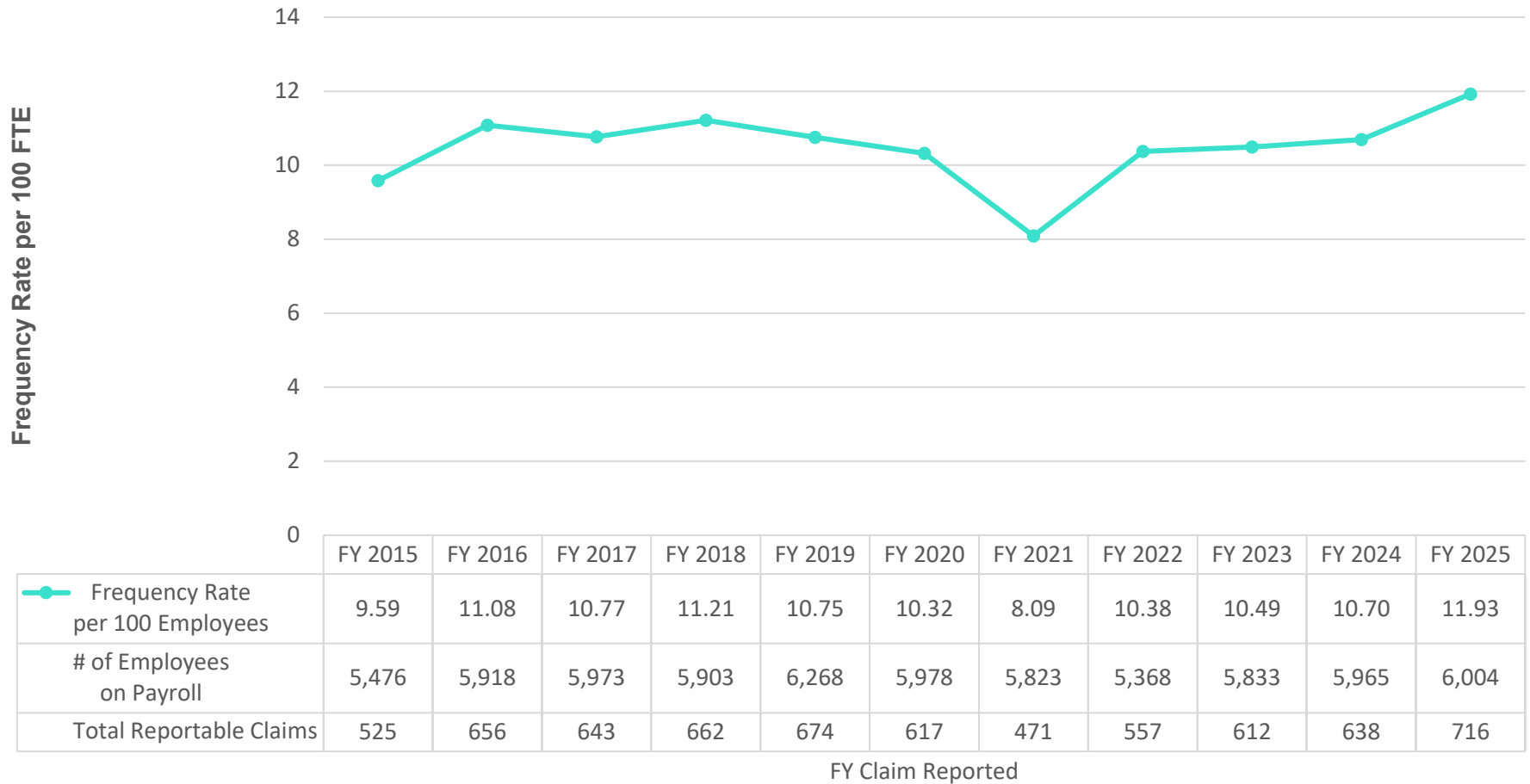


### Notes:

1. Report only claims are excluded
2. Inclusive of COVID-19 claim experience



# Claims Frequency per 100 FTE



**Take Away:** The *current year to date* shows an increase in new claims and potentially will result in a higher Frequency Rate per 100 Employees for the total FY 2025 period.



# Citywide Assault Claims

## FY23 - FY25

	FY23	FY24	FY25
<b>Assault Claims Filed</b>	174	166	249
<b>Assault Claim Payments</b>	\$5,546,919	\$4,911,749	\$6,767,151

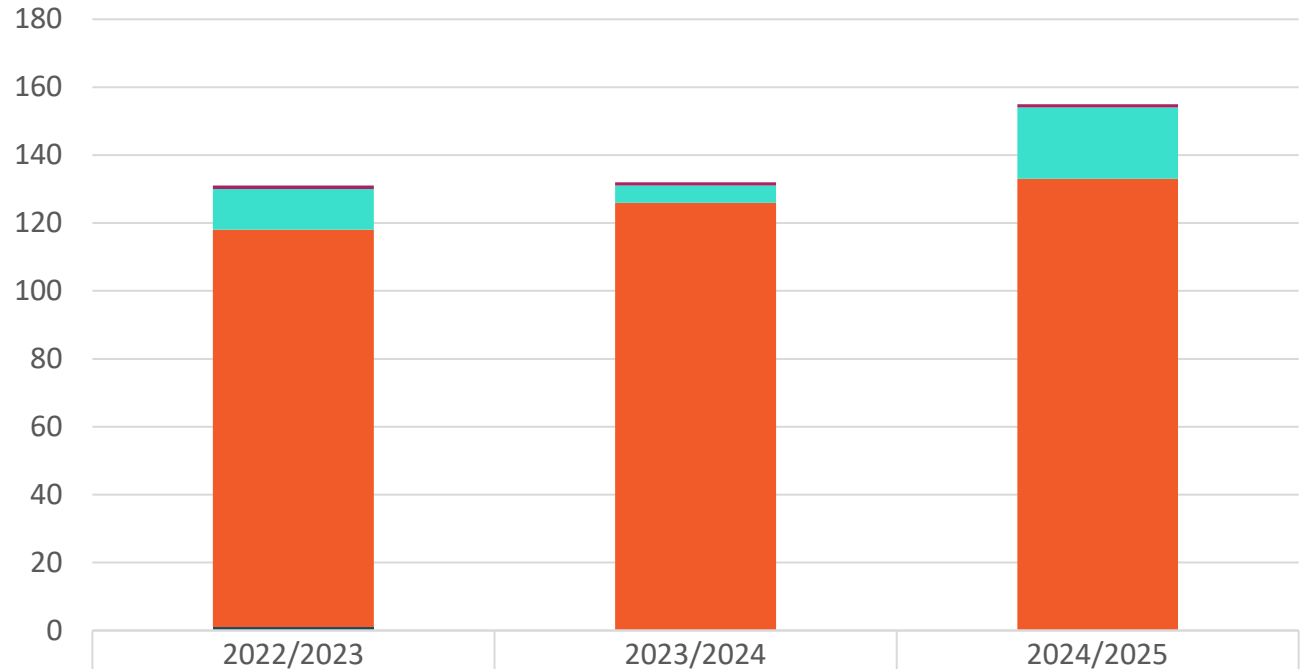
Notes:

SFMTA claim data are excluded.



# Assault Claim Totals by Department

**Total assault claims reported each fiscal year,  
valued at end of referenced fiscal year**



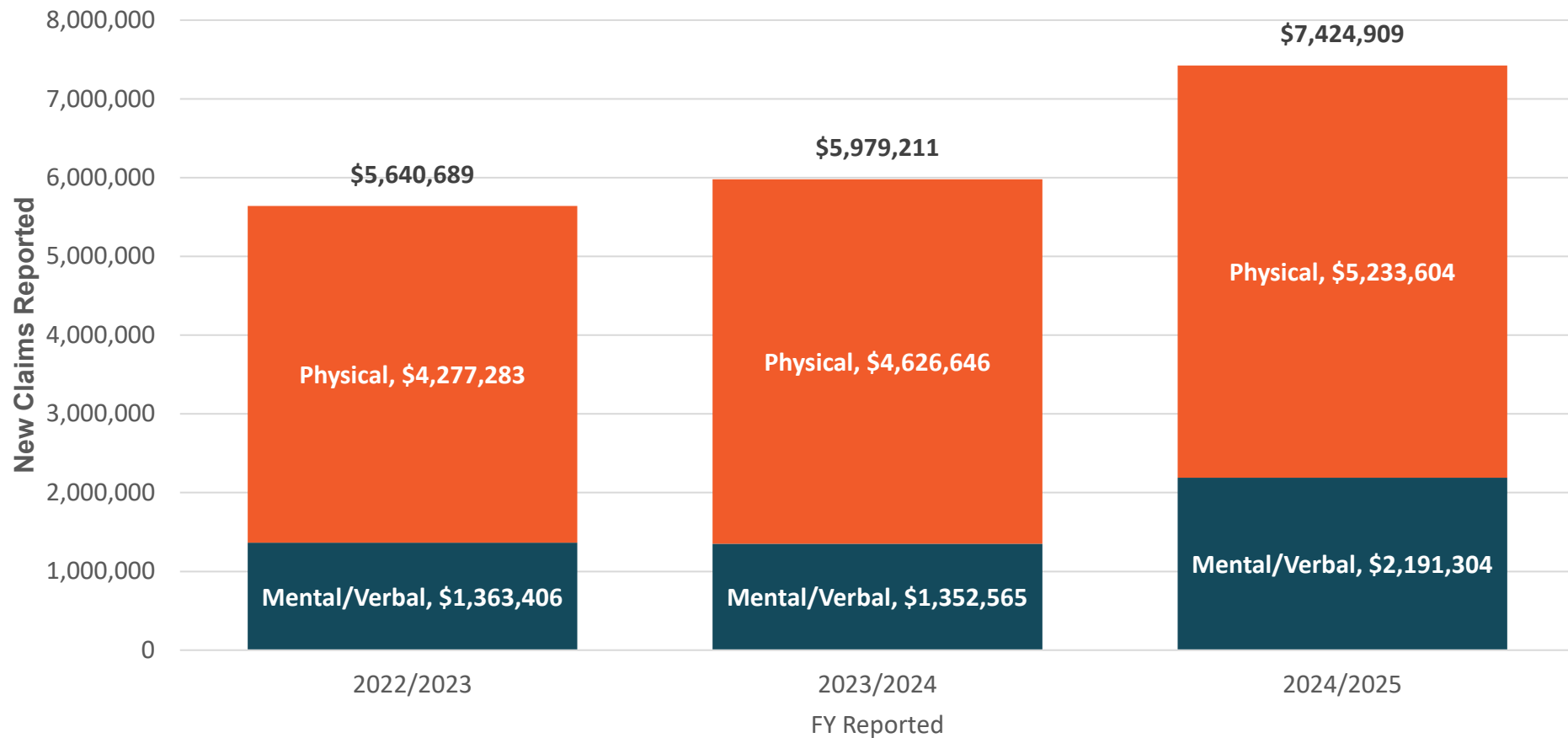
Maintenance	1	1	1
Safety/ Enforcement	12	5	21
Transportation	117	126	133
Sum of remaining SFMTA departments	1	0	0
SFMTA Total	131	132	155





# Total Paid by Assault Type

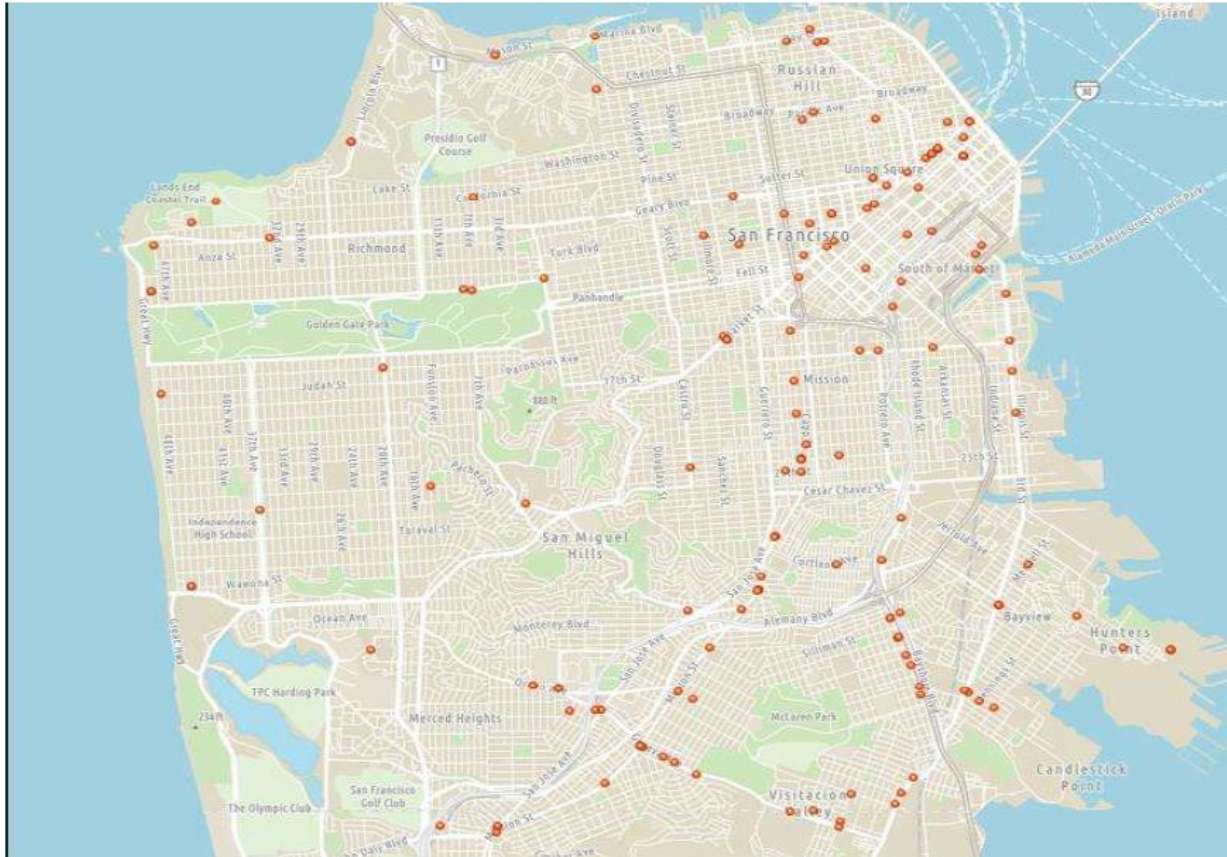
Total assault claims reported each fiscal year  
valued at end of referenced fiscal year





SFMTA

# Assault Incidents – Mapping for SFMTA FY 24/25



## Map Description

- **Purpose:** Show assault incidents across SFMTA zones
- **Application:** Identify high-risk areas and patterns
- **Outcome:** Guide safety planning and resource deployment



SFMTA

**THEO AWARD**

*Elevating Excellence: Recognizing Innovations in Workers' Comp and Injury Prevention*

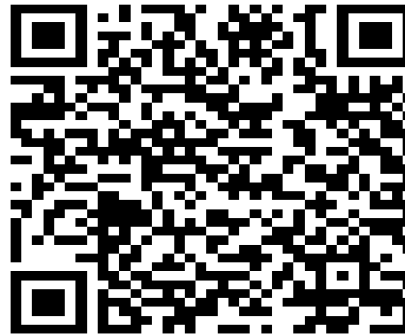
## 2025 THEO Award Winner: SFMTA

“The main thing is about early intervention and taking care of the employee at the very beginning,”

- MTA WC Manager James Radding



James Radding, workers' compensation manager, SFMTA



Thank you!



# San Francisco Workers' Compensation Council

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**Our next meeting will be held on  
February 2, 2026**

# Appendix



## Appendix 1: Claim Cause Group Definitions

Claim Cause Group	Definition	Type(s) of Injury
Abrasion	Injuries sustained as a result of rubbing against a rough surface/wall	Skin
Bodily Motion	Injuries sustained due to physical motion, such as bending, lifting, reaching, pulling/pulling, twisting/turning, etc.	Primarily orthopedic injuries.
Caught In, Under, Between	Injuries that have occurred due to being pinned by, under or between objects, furniture, or equipment. This includes injuries occurring as a result of a cave-in.	Orthopedic injuries, lacerations, crush injuries.
Cumulative Trauma	Use for repetitive stress injuries due to repeated exposure over time.	Single or multiple body parts used in repeated exposure over a period of time – e.g. Carpal Tunnel, prolonged standing, psyche stress.
Explosion	Used for injuries sustained as a result of an explosion.	Orthopedic, burns, internal, catastrophic injuries, etc.
Exposure	Used for various internal injuries, such as repeated exposure to carcinogens, stressful work situation, or hard physical work leading to a negative bodily reaction. This can also include reactions to poisonous or toxic substances.	Cancer, heart trouble, internal injuries or exposure to poison oak, MRSA, or heat stroke. Also may include foreign substance into eyes or body, or bloodborne pathogen exposure.
Fall, Slip or Trip	Injuries sustained from a slip and fall, or trips and slips. This includes falls from elevation, from stairs, ladders, onto walkways, etc.	Single or multiple body parts, resulting in sprains, strains, contusions, lacerations, fractures, etc.
Ingestion	Injury sustained due to ingesting harmful substance.	Internal/exposure.



## Appendix 1: Claim Cause Group Definitions, Cont.

Claim Cause Group	Definition	Type(s) of Injury
Misc	Miscellaneous injury not covered in other areas or rarely filed	Misc
Personal Injury/Illness	Injury that is non-occupational in nature, but aggravated or exacerbated by work.	Personal injury of a orthopedic or internal nature.
Physical Assault	Injuries sustained due to physical altercations (being struck or striking person or people).	Single or multiple body parts involved. Results in lacerations, sprains, strains, fractures, abrasions, even internal injuries.
Stress	Injuries sustained due to work related stress.	Primarily psychological/psychiatric injuries, including any resulting physical symptoms.
Struck By/Against	Injuries when objects are thrown at employees, when an employee is hit by a random moving machine part or object; or collides with an object such as a door or piece of furniture.	Orthopedic or head injuries
Suffocated	Injuries sustained due to suffocation, such as during a fire.	Respiratory injuries, smoke inhalation. May overlap with Exposure.
Vehicle Accident	Injuries sustained due to a vehicle, including vehicle/pedestrian accident or incident. This may be car or truck, motorcycle, bicycle, scooter, etc.	Orthopedic, single or multiple body parts, head, internal
Vibration	Injuries sustained due to vibration or seismic event, such as an earthquake.	Orthopedic, internal, head, etc.





# Appendix 2: Claim Cause Definitions

Claim Cause Group	Claim Cause	When Used
Abrasion	ABRASION/RUBBED	<i>Injuries sustained as a result of rubbing against a rough surface/wall</i>
Bodily Motion	BENDING/STOOPING	<i>Bending down to tie shoes, etc.</i>
Bodily Motion	LIFTING	<i>Injuries from lifting weights, desks, tables, equipment, etc.</i>
Bodily Motion	PUSHING/PULLING	<i>Pushing or pulling of furniture, equipment or patients.</i>
Bodily Motion	REACHING	<i>Reaching for equipment resulting in hyperextension of extremities, etc.</i>
Bodily Motion	RUNNING/WALKING	<i>Injuries while running (during exercise or running after suspects), stepping off a curb the wrong way, injuries while walking.</i>
Bodily Motion	THROWING/WIELDING	<i>Injury sustained during baton-use exercise or other use of equipment in a throwing or maneuvering type motion.</i>
Bodily Motion	TWISTING/TURNING	<i>Injuries resulting from exiting vehicle, maneuvering in small spaces, etc.</i>
Caught In, Under, Between	CAUGHT IN, UNDER, BETWEEN	<i>Injuries as a result of being pinned under, or between objects, furniture, or equipment.</i>
Caught In, Under, Between	CAVE IN	<i>Injuries sustained due to being crushed by collapsing debris, such as in a tunnel or collapsing building in a fire.</i>
Cumulative Trauma	CONTINUOUS TRAUMA	<i>For repetitive stress injury due to repeated exposure over time.</i>
Cumulative Trauma	REPEATED MOTION	<i>Repetitive stress injury due to continued motion (typing, etc.). May be used interchangeably with CONTINUOUS TRAUMA</i>
Cumulative Trauma	REPEATED TRAUMA	<i>same as CONTINUOUS TRAUMA</i>
Explosion	EXPLOSION	<i>Injuries when bombs are set off during demonstrations and protest or fireworks during celebrations. Also may be a gas/fire explosion.</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Exposure	ADVERSE REACTION	<i>Dizziness/Fatigue/Headaches due to heat exposure, intense exercise, dehydration, etc. Also could be an allergic reaction or exposure to poisonous substance.</i>
Exposure	BODILY REACTION	<i>The body's reaction to repeated exposures to carcinogens, stressful work situations, hard physical work. This could also be an allergic reaction to a poisonous substance or toxic substance.</i>
Exposure	CONTACT INFECTIOUS AGENT	<i>Needle Sticks, Exposure to blood borne pathogens (blood, saliva, urine, etc.)</i>
Exposure	CONTACT WITH CHEMICALS	<i>Exposure to Toxin, chemicals</i>
Exposure	CONTACT WITH ELECTRICITY	<i>Electrocution</i>
Exposure	CONTACT WITH EXTREME TEMPERATURE	<i>Injuries sustained during firefighting or working in extreme heat.</i>
Exposure	Contact with Radiation	
Exposure	DERMAL	<i>Dermatitis due to contact with poison oak, poison ivy, etc.</i>
Exposure	FOREIGN SUBSTANCE	<i>Object/s getting into the eyes</i>
Exposure	INHALATION	<i>Injuries from smoke inhalation during firefighting, or inhaling chemical vapors.</i>
Exposure	PANDEMIC	<i>COVID-19</i>
Exposure	SPLASHED	<i>Refers to when liquid splashes onto eyes or body. Overlaps with CONTACT INFECTIOUS AGENT.</i>
Fall, Slip or Trip	FALL FROM CHAIR	<i>Sitting and falling off chair. Chair might have slid from underneath claimant.</i>
Fall, Slip or Trip	FALL FROM ELEVATION	<i>Fall from a height, such as from a roof.</i>
Fall, Slip or Trip	FALL FROM LADDER	<i>Injuries while falling off ladder.</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Fall, Slip or Trip	FALL FROM STAIRS	<i>Injuries resulting from falling down stairs or steps.</i>
Fall, Slip or Trip	FALL FROM VEHICLE	<i>Injuries due to an officer falling off a police motorcycle or bicycle.</i>
Fall, Slip or Trip	FALL ONTO AGAINST OBJECTS	<i>Filed if someone fell onto a certain object or machine, or against an object or machine such as gurneys and side tables</i>
Fall, Slip or Trip	FALL SAME LEVEL	<i>Slip and Fall due to wet floor, slippery floor. Also used for an employee falling onto the ground (similar to Slip/Trip)</i>
Fall, Slip or Trip	FALL SCAFFOLD/WALKWAY	<i>Fall from scaffolding/walkway</i>
Fall, Slip or Trip	SLIP / TRIP	<i>Slipping on wet surface or tripping over object on the floor.</i>
Ingestion	INGESTION	<i>Sustained due to drinking/eating harmful substance such as chemicals</i>
Misc	EVENT TYPE (NEC)	
Misc	FAULTY EQUIPMENT	<i>Injuries from defective chairs, tables and other equipment</i>
Misc	FAULTY ROADWAY MTA	<i>Injury sustained due to road/street defect such as sinkhole or large pothole. Track/Track issues</i>
Misc	UNASSIGNED	
Personal Injury/Illness	PERSONAL INJURY/ILLNESS	<i>Injury or illness of a nonindustrial nature but filed as EE was at work (or aggravated by work).</i>
Physical Assault	ASSAULT, PHYSICAL	<i>Used for physical assaults by the public, by patients/detainees, or between employees in a Workplace Violence setting</i>
Stress	ASSAULT, MENTAL/VERBAL	<i>Altercation between co-workers, with the public, patients, etc. Overlaps with STRESS, RELATIONAL CONFLICT</i>



## Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Stress	RELATIONAL CONFLICT	<i>Stress as a result of interpersonal conflicts at work (with Supervisor and/or co-workers)</i>
Stress	STRESS MTA	<i>MTA uses this for all stress claims</i>
Struck By/Against	COLLISION	<i>Running into another person at the office, striking a body part (e.g., nose) against another object, Hallway and door collisions</i>
Struck By/Against	STRUCK BY FALLING OBJECT	<i>Injuries resulting from fighting fires or being hit by an object.</i>
Struck By/Against	STRUCK BY MOVING OBJECT	<i>Injuries when objects are thrown at employees. May overlap with PHYSICAL ASSAULT. Also if EE is hit by a random moving machine part or object.</i>
Suffocated	SUFFOCATED	<i>Fighting fires</i>
Vehicle Accident	VEHICLE ACCIDENT	<i>Motor Vehicle Accidents (City Vehicles, motorcycles), rear-enders, collision with other vehicles</i>
Vehicle Accident	VEHICLE OVERTURNED	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE RAN OFF ROADWAY	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE SUDDEN START/STOP	<i>Use VEHICLE ACCIDENT</i>
Vibration	VIBRATION	<i>Earthquake</i>