

December 2025

## **Aurora Family Services: Addressing Social Needs and Improving Care Coordination for Milwaukee Communities**

### **Introduction**

*With roots in Milwaukee since 1882, Aurora Family Services (AFS) is addressing the health and social needs of individuals living in the Greater Milwaukee region.*

The organization, which is part of the ever-growing Advocate Health system with more than 1,000 sites of care and 77,000 medical providers, serves roughly 5.4 million patients across six states. AFS, specifically, leverages the skills of 48 full-time staff to provide a comprehensive range of services, including social work case management, care navigation, skills training, and financial education; and other services addressing social needs.<sup>1,2</sup>

In 2024, the organization served over 12,400 families, all of which were Medicaid beneficiaries.

### **Intensive Care Coordination Medicaid Pilot Program**

In 2017, AFS was selected by the Wisconsin Department of Health Services (DHS) as one of three providers to pilot a state Medicaid-supported intensive care coordination initiative, as mandated by Wisconsin Act 279.<sup>3</sup> The pilot program, which ran for four six-month treatment periods from March

2022 to February 2024, aimed to reduce the inappropriate use of emergency departments (EDs) by Medicaid beneficiaries aged 18–64 by linking patients to primary care and connecting them to behavioral health resources or social service supports. Under this pilot, three AFS social workers at three local EDs identified high-utilizing Medicaid patients in either fee-for-service (FFS) or managed care. Patients were identified if they had five or more ED visits in a six-month period. Once identified, AFS social workers conducted social needs screenings and contacted participants post-discharge a minimum of three to five times a month during this transitional period to ensure their needs were being met, including follow-up appointments with their care teams. Social workers also routinely contacted interdisciplinary care teams responsible for the patient's care and would sometimes accompany the participant to access community resources, such as legal assistance or housing shelters.<sup>4</sup> Although AFS social workers served as the main point of contact for patient care coordination activities while undergoing transitional care, MCO care managers, for those in managed care, were included in the care team throughout the planning process and were responsible for long-term care management upon successful completion of the care transition.<sup>5</sup> The program,

which was administered by DHS, saw DHS, AFS, health providers, and MCO partners share patient data as necessary to ensure patients were accurately and adequately tracked.

AFS received \$250 for each patient enrolled in the initiative and an additional \$250 per enrollee if, during a six-month period, at least 50% of all enrollees demonstrated reduced emergency department utilization. At the end of the two-year pilot, AFS received 25% of all cost savings generated from the program, including reduced ED utilization.<sup>6</sup>

AFS's participation in the pilot program was preceded by their own intensive care coordination program, called Coverage to Care, that ran from 2014 to 2022. Through this program, AFS social workers, positioned within Advocate Health emergency departments, conducted assessments to identify barriers and needs. They also performed a psychosocial assessment of each patient who met specific criteria. Once barriers were identified, the social work team assisted the patient in getting the appropriate referrals to care and facilitated warm handoffs to community resources. Common social needs that were identified in Coverage to Care included transportation issues, food insecurity, and intimate partner violence.

AFS found that their Coverage to Care program provided unique insights into the health and social needs of low-income, high-utilizing patients. Most importantly, the program highlighted the importance of a collaborative and culturally-sensitive care relationship that was both strengths-based and solution-focused, and that could serve as a single point of contact for the patient. These experiences and lessons learned positioned the organization for success in their participation in the Intensive Care Coordination pilot.

## Results of Coverage to Care and Intensive Care Coordination Medicaid Pilot Program

*In the years preceding the Intensive Care Coordination pilot, AFS conducted an internal evaluation of its Coverage to Care program, which found that it served 1,463 patients between 2015 and 2022.*

There was a 41% decrease in emergency department visits among patients enrolled in Coverage to Care within the six months following enrollment.

The program also reported success in reducing emergency department expenses by 44%, compared to a 30% increase in clinic spending and a 25% increase in clinic visits, demonstrating its success in shifting patients to outpatient settings.

The evaluation of the Intensive Care Coordination Medicaid pilot program is still underway; however,

initial data from the program show that, across the three participating providers, over 68% of patients demonstrated reduced emergency department utilization. AFS reports a 60% reduction in emergency department visits overall from their provider site.

## Next Steps and Lessons Learned

Based on the success of Coverage to Care and AFS's expertise in care coordination, gained through the state Medicaid pilot, AFS plans to expand its care coordination services to the maternal health field in cooperation with the state and the forthcoming release of a new state Maternal Health Strategic Plan, designed to address the stark maternal health disparities that exist in both Milwaukee County and the

state, compared to the national average. AFS has also learned important lessons from this work. Primarily, for these programs to be successful, AFS believes social workers must address the barriers identified during the psychosocial assessment conducted at intake, as early identification promotes better care planning, patient safety, and overall patient satisfaction. Additionally, organizations should leverage existing relationships to work towards addressing new challenges. For example, AFS's connections with Wisconsin's Department of Health Services (DHS) and Medicaid were crucial for AFS to engage successfully with the pilot program. Through these relationships, the pilot sites were able to hold regular meetings with DHS staff to address problems that arose during program implementation. It is important to note that, as the Intensive Care Coordination pilot was a state Medicaid-supported initiative, replicating similar pilot programs in states with budget pressures, competing priorities, or where preexisting relationships do not exist may be difficult.

Since the pilot ran during the COVID-19 pandemic, these regular meetings helped AFS understand social distancing protocols and new program guidance. Importantly, these relationships have endured beyond the pilot, as AFS has leveraged its experience to form new partnerships with DHS.

## Conclusion

*Aurora Family Services looks beyond patients' physical health, ensuring social needs are supported as well. Coverage to Care and the DHS Medicaid pilot program demonstrate the impact that intensive care coordination can have on a healthcare system.*

The AFS program serves as a model for how to integrate social care for certain patients in the emergency department to improve overall patient outcomes while generating a positive return on investment. Finally, AFS's partnerships matured through these programs, including partnerships with the state legislature, the state Medicaid office, and individual managed care organizations, providing a strong foundation for future work together.

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## Endnotes

1. Aurora Family Service care & counseling. Aurora Health Care. <https://www.aurorahealthcare.org/services/aurora-family-service>
2. Advocate Health. <https://www.advocatehealth.org/>
3. WDHS Intensive Care Coordination Project Charter. Wisconsin Department of Health Services. On File.
4. Intensive Care Coordination Pilot Program (2017 Wisconsin Act 279) Preliminary Report. Department of Health Services. March 21, 2024. <https://www.dhs.wisconsin.gov/publications/p03590.pdf>
5. Intensive Care Coordination Pilot Program (2017 Wisconsin Act 279) Preliminary Report. Department of Health Services. March 21, 2024. <https://www.dhs.wisconsin.gov/publications/p03590.pdf>
6. ICCP Presentation for Stakeholders. Wisconsin Department of Health Services. 2021. On File.



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