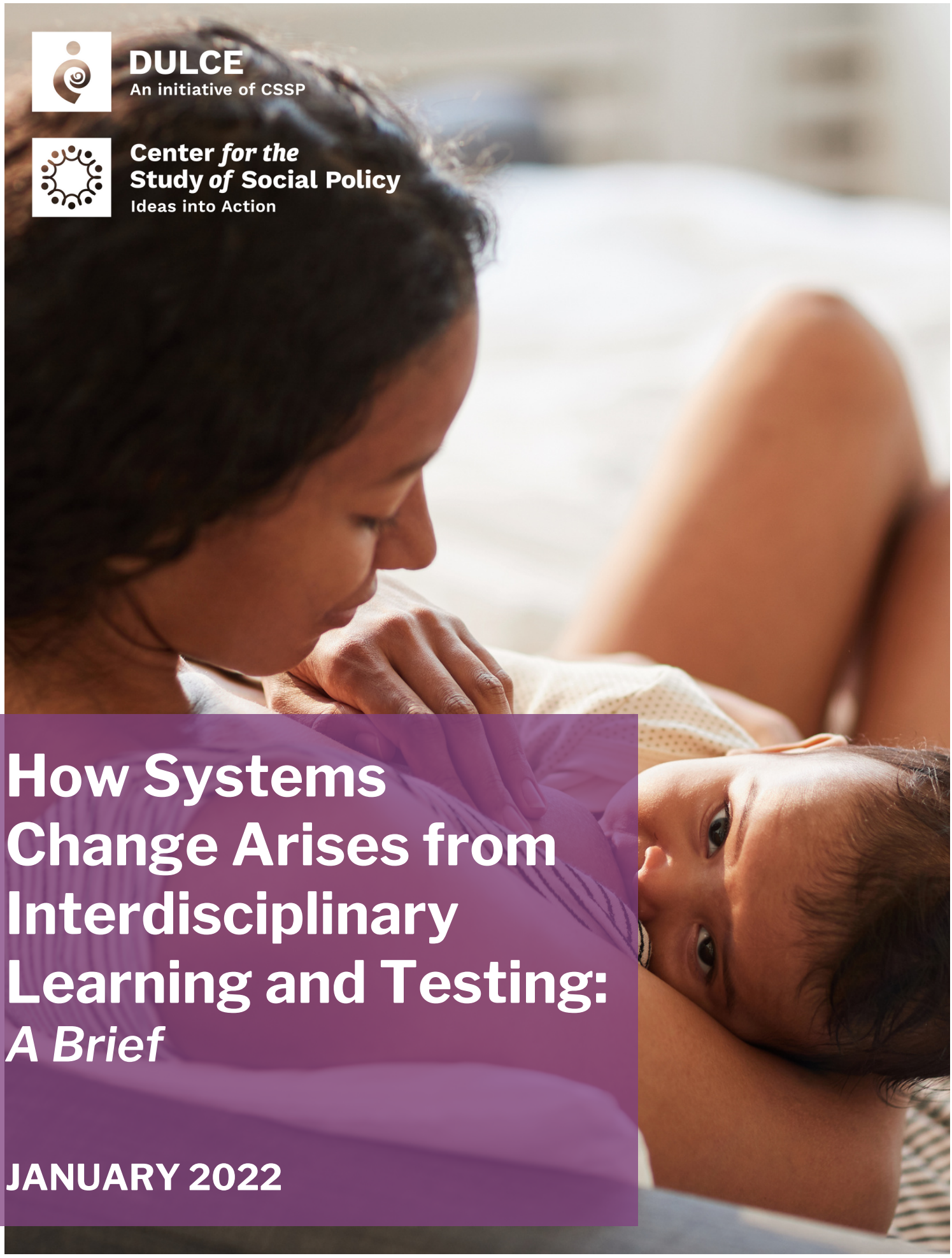

DULCE
An initiative of CSSP

Center *for the*
Study *of* Social Policy
Ideas into Action

How Systems Change Arises from Interdisciplinary Learning and Testing:
A Brief

JANUARY 2022

About DULCE

DULCE (Developmental Understanding and Legal Collaboration for Everyone) is a universal, evidence-based pediatric care approach. It supports healthy newborn development, partners with families of infants to meet their goals and social needs, and promotes healthy communities. DULCE does this by introducing a specialized community health worker into an Interdisciplinary Team that includes representatives from the early childhood, health, and legal systems. DULCE was successfully piloted in five communities and continues to strategically expand in localities that are under-resourced and have been marginalized by racist systems.

To learn more about DULCE, please visit cssp.org/our-work/project/dulce/.

About CSSP

CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

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Introduction

DULCE is an innovative approach based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to their parents, all during the critical first six months of life.

To implement DULCE, cities and counties bring together professionals from three sectors—early childhood, health, and legal—that are essential for addressing social determinants of health among families living in under-resourced communities. Coordinating and leveraging the strengths of these three sectors is the Family Specialist, who is a member of the pediatric care team, and attends well-child visits with families and providers. The Family Specialist gets to know the families, provides peer support, and then works with the DULCE Interdisciplinary Team to connect families with resources and support.

The DULCE Interdisciplinary Team is comprised of a Family Specialist, a medical provider, a legal partner, an early childhood systems representative, a mental health representative, a project lead, and a clinic administrator. By working to address the accumulated burden of social and economic hardship, DULCE—through the Interdisciplinary Team—reduces family stress, giving families more time and energy to bond with and care for their new stress, giving families more time and energy to bond with and care for their new child. Many conditions contribute to stress, including poverty, inadequate housing, and lack of adequate nutrition, all of which are more likely to impact families with low incomes, families of color, and immigrants.

We recognize that the social determinants of health are a result of inequities in the distribution of power and resources, rooted in a history of racist local, state, and federal policies. By utilizing community health models, accelerating access to justice, and advocating for systems change—all based on families' needs—DULCE strives to create a more equitable distribution of power and resources and address inequitable systems that impede families from living healthy lives.

What is a Family Specialist?

A Family Specialist is a specialized community health worker trained in child development, relational practice, and concrete problem solving.

Key to DULCE is its anti-racist approach, which seeks to remediate structural racism by, in part, placing families at its center. Families make decisions about which services interest them, and the Family Specialist builds a relationship based on trust, mutual respect, and dignity with each family. Additionally, DULCE seeks to address upstream barriers to health that affect entire populations; advocating for

DULCE Advances Equity Through Anti-Racist Strategies

DULCE works to address the root causes of health inequities. These strategies work in tandem to create DULCE's anti-racist approach. Below is a list of those critical strategies.

- **Families at the Center. By partnering with families and honoring them as the key decision-makers, DULCE operates from the premise that families know what they need best.** [2]

- **Building Trust through Family Specialists. The DULCE Family Specialist is a bridge between the health system and the community. Through culturally responsive and relational care, Family Specialists build trust with families that have been marginalized by systems that often neglect their needs.** [3,4,5]

- **Access to Justice. The DULCE legal partner equips the Interdisciplinary Team with legal information, helping to identify legal risks and barriers that have stifled family access to services, resources, and/or benefits. Some legal partners provide direct legal support to families with complex legal concerns.** [6,7,8]

- **Cross-Sector Collaboration. The DULCE Interdisciplinary Team creates the infrastructure for traditionally siloed systems to share knowledge and resources across the early childhood, health, and legal systems. The team is positioned to identify systemic gaps and equipped to advocate for policy change that addresses root causes.** [9]

- **Reducing Stigma through Targeted Universalism. DULCE is universally offered to families with newborns in strategically targeted under-resourced communities. This works to reduce the systemic exclusion and stigma families may feel when accessing support, all the while providing tailored resources based on family-identified needs.** [10]

- **Upstream Approach to Creating Healthy Outcomes. Addressing structural social determinants of health tackles the root cause of what can at first glance seem like individual problems. By confronting the underlying economic and social conditions of a community that are often associated with racism, systems are rebuilt to support all families and their infants.** [11,12,13]

structural change is central to DULCE's anti-racist vision.

The purpose of this brief is to highlight some of the local learning, experimentation, and systems change happening around the country at DULCE sites. Drawing from 14 interviews with DULCE team members across three different states, this brief provides an on-the-ground snapshot of how DULCE members were thinking about collaboration, teaching, and effecting structural change in the spring of 2021.

Before describing some of the innovation happening at the practice, policy, and systems level, this brief will endeavor to capture some of the interdisciplinary "magic," the collaboration among professionals from many fields that fosters a learning environment conducive to quality improvement and systems change.

The Interdisciplinary Team
In a weekly case review meeting, and through other communication, the DULCE Family Specialist brings identified family priorities and needs to the Interdisciplinary Team, made up of practitioners from the health, legal and early childhood systems, along with a program manager and/or clinic administrator. By working together, developing a common language and a shared understanding of how racist and oppressive systems stop families from accessing the resources and services they need to thrive, the Interdisciplinary Team is better able to address gaps in care and address priorities for families. These cross-sector collaborations allow team members to pursue innovative, structural solutions that might have remained unnoticed had the members stayed in their professional silos.

This brief focuses on the early childhood systems partner and the legal partner, the two team members not from health-related fields. The inclusion of these systems partners distinguishes DULCE from other team-based care and legal-medical partnerships. Their roles are defined more fully below. [14]

What is an early childhood system?
Early childhood systems are an aligned set of multi-sector services, supports, programs, and policies that—in partnership with families—focus on improving population outcomes for young children and families at a city, county, or regional level.

Early Childhood Systems Partner:
Usually, DULCE is hosted by an early childhood systems organization, which helps with implementing DULCE. A representative from that organization, called the early childhood systems representative, helps identify the full range of services and supports a family can benefit from, and aids the Family Specialist in connecting families to the resources they wish. Informed by parent voices and data, the early childhood systems representative is also uniquely positioned within the team to identify system gaps and barriers, and advocate for structural change, which makes them essential members of the team.

Legal Partner:
The DULCE legal partner, representing a community legal services organization, equips the cross-sector Interdisciplinary Team with legal information, helping to identify legal risks and barriers that have stifled family access to services, resources, and/or benefits. Some legal partners provide direct legal support to families with complex legal concerns.

Interdisciplinary Collaboration

The Family Specialist and the Case Review Meeting

The Family Specialist is the "heart and soul of DULCE," according to Michelle Abarca, the early childhood systems representative for DULCE in Palm Beach County, Florida. They are the ones who build relationships with the family, who screen for socio-economic and mental health needs, and reach out to families between pediatric visits. Letty Sanchez, the Vice President for Programs for First 5 Orange County (California), which collaborates with Children's Hospital of Orange County (CHOC) to implement DULCE, describes the Family Specialist as the "bridge" connecting families to resources, an "extension of expertise that comes in a more comfortable package for the families."

Extension is perhaps a good word. Through collaboration with the Interdisciplinary Team, the Family Specialist is able to extend the power and knowledge of the health, legal, and early childhood experts. This teamwork happens chiefly through the weekly case review meeting, where the entire team gathers, virtually or in person, to discuss families' strengths and needs and to problem-solve together. This collaboration allows the Family Specialist to connect parents to services they otherwise might avoid out of well-founded wariness.

Historically, health systems have often ignored the needs of families most marginalized by structural and institutional racism, which creates an atmosphere of distrust. By building a relationship founded on respect, the Family Specialist tries to improve some of that broken trust with the health system. Similarly, the disparities in the way people are treated by the justice system means that families—especially immigrant families—are often reluctant to speak directly with a lawyer; the trust and rapport that the Family Specialist builds with families allows the Family Specialist to relay which legal services are available, and allows the family to choose which course of action makes sense. Likewise, the early childhood systems representative, who holds in their mind the larger picture of how local organizations and supports fit together, alerts the Family Specialist to new or lesser known resources.

"We get together every Tuesday morning to talk about every baby seen that week," Jean Murray of Vermont Legal Aid explains. "The Family Specialist describes what's going on with the family [to] the whole team. As the legal expert, I can point out things [families] can be thinking about, what they have a right to, and what Family Specialists might ask them next time."

"DULCE is more integrated and collaborative [than other medical-legal partnerships]," comments Manohar Sukumar, the lawyer with Orange County's DULCE. "You're directly working with the Interdisciplinary Team, figuring out solutions to families' problems. I get to hear not only legal but other solutions." Erin Gunter, formerly of a Los Angeles County DULCE site, agrees, saying, "Case review is really where it all happens."

It "all happens" at the case review in part because the case review is the primary place where the Interdisciplinary Team builds their relationships. For instance, Gunter says, "Our team really loved each other, which made a difference." The warmth and trust among team members aided collaboration. "It helps create cohesiveness in our team and pride in our community," explains Carol Lang-Godin of Vermont. This eases collaboration between individual team members, who often text and email between meetings.

Collaborative Learning

The weekly meetings not only extend the power of the Family Specialist, but also help spread information. "The best learning happens with real world examples of families," Abarca says. "The best way to learn is to just do it. There is a 'recipe' but the way it works in real life is very different for every clinic."

For instance, Murray takes the opportunity, every Tuesday, to remind everyone about changes in unemployment issues or eviction moratoriums (These trainings have been particularly helpful during the pandemic, as state and federal laws have frequently changed). Katrina Rayco, a legal partner with Neighborhood Legal Services, learned about trauma-informed care from the behavioral health team member, knowledge that she then brought back to her own legal practice.

This learning also happens outside the weekly case review. For instance, the legal partner in Orange County offers monthly trainings to her Interdisciplinary Team. Other trainings are more informal: Sandra Powery Moses of Palm Beach County pulled together a "tip sheet" for communicating with landlords during the pandemic, Rebecca Plummer of Vermont did trainings about pandemic-related relief available to families, and Rayco conducted education about the public charge rule, which held that immigrants could be denied visas if they were deemed likely to use government assistance. (Under the Trump administration, which revived and strengthened this rule, many immigrant families became reluctant to access the supports and services for which they qualified.)

The early childhood systems partner usually does not deliver this kind of direct training, but rather helps foster trust and relationship-building for the team, as well as drawing connections to resources and opportunities in the community for families. "The role the EC Lead can support is the team building piece, which is always, always the key element," Margarita McCullough of First 5 Orange County comments. They usually already know the other partners; when the team convenes, they can function as the "glue," connecting everyone together.

And, perhaps most significantly, the early childhood systems representative is also the one best positioned to see the whole system at work. As we will see below, this vantage point helps the early childhood systems representative identify underlying conditions in broad systems, often associated with racism, that negatively impact the health of an entire community. They can identify structural biases, and advocate most effectively for larger policy or program change.

Ripples of Change

By bringing together thinkers and practitioners from the health, legal, and early childhood fields who work together to address the root cause of health inequities through an anti-racist approach, DULCE creates change at the practice, program, and policy levels.

That is to say, members of the DULCE team often find that their non-DULCE work habits and practices shift as a result of their collaboration; DULCE's integrated, place-based approach encourages experimentation with programmatic shifts; and this same integrated approach means that systemic problems are often glaringly obvious, and sometimes lead to advocacy or even systems and policy change.

We will see specific examples of these three levels of change, which can be visualized as three concentric circles expanding outward. At each level of change, we will see how DULCE helps practitioners and communities do local learning and testing to move them towards systems change. Systems change, of course, is the most powerful way to "clean the poisoned groundwater" of structural racism; however, it is often the most difficult to pursue. Program and policy work can help institutions adjust course and light the way for larger systems change.

> **"Being in DULCE informed my sense of how well [rent-assistance and other programs] could work."**
>
> ***Jean Murray***
> ***Lamoille Valley, VT***

None of these changes would be possible without the relationship and trust-building done between the family and Family Specialist, and the Family Specialist with the community and health system.

Practice

DULCE affects the way Interdisciplinary Team members approach their other work. Some of these effects are intangible, like fresh appreciation of the stress facing new parents. Others are concrete, such as encouraging non-DULCE initiatives where team members work to adopt clear, systemized approaches to program improvement. But regardless, it's clear that the legal and early childhood partners are changed by their involvement with DULCE, and that they bring that change outward.

Inspired by her work with DULCE, Murray helped begin a rent-assistance program in Vermont with Vermont Legal Aid and

several state agencies. Using Coronavirus Relief Funds, the program gave away $25 million in six months. "Being in DULCE informed my sense of how well that kind of thing could work," she says.

DULCE also shapes more immediately how some legal partners do their work. In Palm Beach County, Florida, and across sites in California, lawyers mentioned how DULCE helped them become more nuanced in their approach to immigration and housing issues. For example, some now ask on intake forms for the names and ages of both adults and children living in an apartment, rather than asking only after adults, in order to ensure that individuals are living in accordance with their rental leases, which often require that the landlord know the names of everyone living at a particular residence. This thoroughness can also help lawyers screen for barriers related to immigration status.

These changes to practice do not only happen on the individual level. After realizing that some of DULCE's improvement efforts aligned with a local home visiting program's efforts, McCullough and others of First 5 Orange County offered training on continuous quality improvement, or CQI, to the home visiting program.

First 5 Orange County brought Plan, Do, Study, Act (PDSA) cycles to the home visiting program to help them study their new initiative enrolling parents via text message. McCullough comments, "In training home visiting providers to use PDSA cycles, we were able to help them understand that they could test some things out without launching a whole program." In other words, McCullough brought some of the speed and spirit of DULCE's experimentation to outside programs. As a result of these efforts, the home visiting program realized that the texting was not as useful as they had first believed. "It was great to use the simple, time limited approach to test that theory," McCullough adds, rather than roll out a long and potentially costly full program.

Often, DULCE-cultivated networks expand beyond DULCE clients. In Lamoille Valley, Vermont, Lamoille Health Pediatrics sent more referrals for all families to the early childhood and mental health services after getting into the habit of sending referrals for DULCE. And in Alameda County, California DULCE built a relationship with the Women's Health Clinic, which included mental health services, across the hall from the pediatric clinic. Now, as Erin Le, legal partner, notes, "If a parent comes in with a high score for depression, she can go across the hall and have on-the-spot services."

Perhaps most importantly, "DULCE and the early childhood field has lessons for other systems, particularly around who designs the program, and who decides how it's implemented," as Abarca of Palm Beach

What is CQI?

Continuous Quality Improvement (CQI) is a method that uses observations and adjustments to effectively adapt interventions. In DULCE, this CQI work is guided by the Model for Improvement which encompasses goals (What are we trying to accomplish?), measures (How will we know that a change is an improvement?), and ideas (what change can we make that will result in improvement?) that inform what is called the Plan, Do, Study, Act (PDSA) cycle.[15]

County says. That is to say, in DULCE, family voice guides the entire process. This guiding is made possible through the relationship and trust that the Family Specialist builds with the family members.

These lessons—around trust and relationship building, and around quality improvement—are often conveyed to other systems through the practitioners themselves, who bring what they've learned to the other parts of their professional lives. Thus, the learning fostered by DULCE travels outward, making local health and legal systems more integrated and responsive to family needs.

Programs

The relatively small size of DULCE allows for nimble experimentation. Abarca characterizes it as a "mini-lab;" her DULCE site in Palm Beach County has piloted a range of small programs to address emerging gaps in service. Scott Johnson, the Vermont state coordinator for DULCE, concurs, saying that in Vermont, data and rapid improvement cycles have led to small but important programmatic improvements. In this section, we'll look at how DULCE's small size and receptivity to data encourages program agility.

"Data can be perceived as judgmental," Johnson comments. "So we want to move to a place where it's about finding ways to see what the data is telling us." For example, in Vermont, where Johnson is the state coordinator, PDSA[16] cycles led to changes in the language used to invite people to DULCE.

In Palm Beach County, when data review revealed that clients were frequently missing medical appointments because they lacked transportation, the Palm Beach DULCE site tried partnering with a few ride-sharing apps, including Uber Health, that were HIPAA-protected. Almost immediately, Abarca says, compliance with appointments and medication went up. This was an ambitious pilot, Abarca says, and one that required them to think through many potential problems—but also one of the most immediately effective. Additionally, Palm Beach County DULCE also developed a pilot to engage with fathers of newborns and created visuals to help patients with low literacy understand prescription information.

> **"We began to proactively identify approaches to communicate trends related to data [with families]."**
>
> ***Letty Sanchez***
> ***Orange County, CA***

In Los Angeles County, efforts focused on integrating programmatic change and CQI with family engagement. Letty Sanchez, formerly the early childhood systems representative in Los Angeles and now in Orange County, remembers noticing that parent engagement seemed to be a priority primarily in school environments. At that time the organization was looking to test family engagement in diverse settings, including the clinic system. After discussion, the DULCE sites agreed they wanted to find ways to share the data they were collecting with families. "We began to proactively identify approaches to communicate trends related to data [with families]," she says. Data-sharing also aligns with core equity principles of DULCE, which centers families. As Johnson says, rather than being a way to identify concerns, data can and should foster collaboration and trust.

The spirit of experimentation in these stories illuminates DULCE's capacity for systems change. By reviewing data,

> **"When you have programs like DULCE, it gives you an established infrastructure to support systems thinking."**
> ***Margarita McCullough***
> ***Orange County, CA***

noticing gaps, and experimenting with solutions, DULCE encourages local learning and testing that moves towards systems change. Many of these programmatic changes are embryonic, but the hope, as Abarca says, is to create ripples of change.

Policy and Systems Change

Inevitably, in the weekly case review meeting and elsewhere, patterns emerge. If one family faces language barriers at medical appointments, it's likely that others will, as well. Sometimes, as we have seen, these patterns can be addressed through trainings or programmatic shifts. Too often, though, the patterns are evidence of structural racism, biases that are baked into the very institutions that families need for health and legal care. As McCullough says, "When you have programs like DULCE, it gives you an established infrastructure to support systems thinking."

The first two stories in this section are examples of mending a broken link in the chain of resources. They suggest that every so often, DULCE finds itself well-positioned to deliver a strategic push. The second two stories are examples of more upstream, pro-active approaches to systems change. They are in various stages of development, but as Abarca says, "[Even just] talking about it is a big step in learning."

As Erin Le of East Bay Community Law Center recounts, at the Alameda County DULCE site, "We were seeing babies showing up at four months without enrollment in Medi-Cal. We took that to the County, gave them the list of cases, and within a couple of weeks it was no longer an issue. The county didn't admit to doing anything wrong, but they did something to fix it. I imagine it was our advocacy that played a role." Katrina Rayco of Neighborhood Legal Services in Los Angeles tells a similar story. Before she arrived, the Los Angeles DULCE sites had discovered a county backlog of infants waiting to be enrolled in Medicaid. In collaboration with other clinics, they helped install a hotline to bypass some of the government bureaucracy for all infants, which quickened enrollments.[17]

In both cases, DULCE's close attention to the journey of individuals through the thicket of government aid meant staff could easily see where the system was broken down and could then exert gentle pressure to mend it. It seems significant, too, that the cause and effect between Alameda County's advocacy and the speedier enrollments is not clear-cut, as is often the case in effective advocacy.

Another success story emerges from Los Angeles County, where Sanchez recounts how a clinic in the northern part of the county saw that it would be helpful for an infant's pediatrician to know whether a mother struggled with depression, but also wanted to maintain confidentiality in case

> **"We were seeing babies showing up at four months without enrollment in Medi-Cal. We took that to the County... and within a couple of weeks it was no longer an issue... I imagine it was our advocacy that played a role."**
> ***Erin Le***
> ***Alameda County, CA***

there was a custody battle and a mental health issue became a legal liability. The clinic began to screen mothers for depression when mothers and newborns arrived in pediatrics, even though the baby was the patient. Positive screens led to referrals to behavioral health. However, the positive screen wasn't noted on the baby's chart, which prevented the baby's other parent from learning of the results. The clinic first tested this with DULCE clients, but soon included all families. As Sanchez notes, this is a clear example of "systemic change that happened within a clinic environment, [which is directly] attributable to DULCE."

Sometimes, it is easier and more practical for DULCE to exert systemic pressure in a more localized way. For instance, Abarca of Palm Beach County recounts how during the former administration, undocumented parents became frightened of detention and deportation. After many conversations about how to support these families, the DULCE staff created a legal "clinic" at the pediatric clinic where DULCE parents could set up power of attorney and access a local ID card. "It's a lot," Abarca admits. "The medical-legal practice has [also] been overwhelmed during the pandemic with housing issues." But she also values how these preventive legal measures can ease the fallout from a sudden family crisis.

Sandra Powery Moses, the legal partner for Palm Beach County, recalls how in 2019, the Family Specialist noticed that many clients were having difficulty accessing timely medical care and language interpretation. "The things being done to them or their child were not clearly conveyed, so they didn't have an understanding of what was going on," Moses recalls. The team discussed how this might be addressed—but then the pandemic forced a massive reshuffling of services and priorities. Still, Moses is eager to resume these conversations. "Now that I know this is a question, my antennae are up about this," she says.

> **"Systemic change... happened within a clinic environment [which is directly attributable to DULCE."**
>
> ***Letty Sanchez***
> ***Orange County, CA***

> **"[We can] see how things have been set up for families, bringing to light the little things that have big impact"**
>
> ***Michelle Abarca***
> ***Palm Beach County, Florida***

Large institutions—hospital, government bureaucracies, the courts—are notoriously difficult to change. Even small modifications to procedure can require concentrated advocacy, well beyond the resources of a DULCE team. The purpose of this section is not to suggest that DULCE should be engaged in sustained advocacy for systems change, but rather to highlight the way in which focus on obstacles encountered by families can naturally guide and inform advocacy. This, too, is part of the weekly case review meetings. Through these conversations, we can "see how things have been set up for families, bringing to light the little things that have big impact," Abarca comments.

Conclusion

From the legal trainings to the pilot programs, from communication styles to local advocacy efforts, DULCE is characterized by a spirit of experimentation and flexibility. There's a freedom to adapt to local conditions, and no rigid right way to do things—which means that people are learning different things, and bringing that learning into a range of contexts.

This flexibility depends on trust, the trust that comes from bringing everyone together around the same (sometimes virtual) table. While individual conversations may seem more efficient, the weekly meetings that include everyone allow team members to problem-solve together and learn from each other. The weekly case review meeting protects against silos and allows DULCE members to find solutions that take advantage of all available expertise. The structure of DULCE encourages this cross-sector collaboration. "It's key to have a vehicle to integrate the system," McCullough says. "It sounds so basic, but being present at meetings and having the opportunity to build relationships with the individuals you are working with can make all the difference. Then, if during your own agency's planning processes, you can instinctively think of and incorporate your DULCE partners at the table, and thereby the sectors they represent, you've changed the system."

Endnotes

[1] These first three paragraphs are from CSSP's website; see https://cssp.org/our-work/project/dulce/.

[2] CSSP. "Manifesto for Race Equity & Parent Leadership in Early Childhood Systems." Center for the Study of Social Policy, January 2019. Available at: https://cssp.org/resource/parent-leader-manifesto/.

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[8] Minoff, Elisa et al. "What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood." Center for the Study of Social Policy, December 2020. Available at: https://cssp.org/resource/what-we-owe-young-children/.

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[10] powell, john et al. "Targeted Universalism." Hass Institute for a Fair and Inclusive Society, May 2019. Available at: https://haasinstitute.berkeley.edu/targeteduniversalism.

[11] Sampson, Robert and William Wilson. "Toward a Theory of Race, Crime, and Urban Inequality." Crime and Inequality. Stanford University Press, 1995.

[12] Slopen, Natalie et al. "Racial Disparities in Child Adversity in the U.S.: Interactions with Family Immigration History and Income." American Journal of Preventive Medicine 50, no. 1, 2016, p. 47–56.

[13] Merck, Amanda. "The Upstream-Downstream Parable for Health Equity." Salud America!, October 2018. Available at: https://salud-america.org/the-upstream-downstream-parable-for-health-equity/.

[14] For more information about the roles of the other four team members, please see a short video clip, available at: https://cssp.org/resource/dulce-families-at-the-center/.

[15] Paraphrased from the DULCE implementation handbook; for more information on PDSA, see https://www.carnegiefoundation.org/blog/improvement-discipline-in-practice/.

[16] Such as PDSA, discussed above.

[17] For more information, please see 'DULCE legal partners drive improvement in Medi-Cal enrollment Procedures for two California Counties,' CSSP blog post January 29, 2019; Available at: https://cssp.org/2019/01/dulce-medi-cal/.