Forensic Briefs

Dave DeMatteo - Sequential Intercept Model

Dr. David DeMatteo returns to *Forensic Briefs* to examine the Sequential Intercept Model and the evolution of problem-solving courts. The conversation explores diversion points across the justice system, the rise and impact of drug and mental health courts, and the balance between public safety and public health approaches. Dr. DeMatteo highlights research, policy implications, and practical ways forensic clinicians can apply these frameworks in evaluations, testimony, and system-level reform.

Dr. Guyton Hi everyone. Welcome to this episode of Forensic Briefs. Today we are excited to bring back one of our former guests, Dr. David DeMatteo. Alex, can you tell us a little bit about Dave's background?

Dr. Millkey Dave DeMatteo is a professor of psychology and professor of law at Drexel University, and he is the director of Drexel's JD PhD program in Law and Psychology. His research and scholarly interests include mental health law, psychopathic personality, forensic mental health assessment, and diversion of justice involved individuals. His research has been funded by several federal agencies, state agencies, and private foundations, including the American Psychology Law Society, the Laura and John Arnold Foundation, the National Institute on Drug Abuse, the Pennsylvania Commission on Crime and Delinquency, the Pennsylvania Department of Corrections, the Pennsylvania Department of Health, and Pennsylvania Department of Welfare.

Dr. Millkey Doctor DeMatteo has published over 100 peer reviewed articles, more than 50 book chapters, and 13 books, and he has given more than 200 conference presentations and workshops. Dave is a former president of both the American Psychology Law Society and also the American Board of Forensic Psychology. Dave is also a fellow of the American Psychological Association in divisions 1, 12, and 41, and the American Academy of Forensic Psychology.

Dr. Millkey Doctor DeMatteo consults with city agencies, state agencies, legislators, correctional facilities, and law enforcement. Dave conducts forensic mental health assessments of adults and adolescents on a variety of legal issues, and he has testified as an expert witness in several state and federal courts. Dave is, at the time of this recording, the editor in chief of Law and Human Behavior.

Dr. Guyton Welcome back to the podcast, Doctor Dematteo.

Dr. DeMatteo Thank you. It's nice to be here.

Dr. Guyton You have had such a seminal career so far. You've been involved in so many interesting research and policy issues. You are one of those rare birds, the JD PhD, who understands the legal issues as well as the clinical. And you have mentored so many fantastic people who are in this field currently. It is an absolute delight to have you on the show.

Dr. Guyton As we often do, we like to ask people about their origin story, you know, how did you get into this field? Will you share that with us?

Dr. DeMatteo Sure. Well, thank you for the kind words. I appreciate it, and I appreciate the opportunity to be here with you both. Yeah, when I started college, I thought for sure I wanted to be an attorney. And so I - all throughout high school, I wanted to be an attorney. Then I got to college and started studying political science and found it very non-interesting and thought, “Oh, maybe this is not what I want to do.”

Dr. DeMatteo And so I spoke with some practicing attorneys and then realized even more so, I don't know if I want that kind of lifestyle. So I had to shift a little bit. Something I actually don't talk about much, but I'm happy to share is that I dropped out of college, just kind of disillusioned and thought, let me figure out what I want to do with my life.

Dr. DeMatteo And worked at a warehouse and worked as a landscaper for a bit, and then eventually thought all right, let me go back in and see what they can teach me there. So I started taking psychology courses my sophomore year in college, fell in love with it, but realized I don't think I want to do traditional therapy, that type of psychology.

Dr. DeMatteo And I had always been interested in the legal system and why people do what they do and how the system treats them. And I was fortunate enough to find out about a program where you could get a JD and a PhD

at the same time, and that way I didn't have to have to choose between those two disciplines.

Dr. DeMatteo That's not my strong suit who's making those sorts of decisions. And so I entered that program. I was fortunate enough to be admitted. It was the prior iteration of the program that I currently direct at Drexel. So this was at the time it was offered by Hahnemann University and Villanova Law School, it was a seven year program.

Dr. DeMatteo And I completed that program. And then the program eventually morphed after Hahnemann was bought by Drexel. And now we currently run the program entirely from Drexel University. So it's nice. A kind of full circle story to be admitted to that program and then eventually become director of the program. I'll add one thing, which is my interest started developing more throughout graduate school.

Dr. DeMatteo Initially, it was sort of a fascination, to be honest, with criminal behavior and why people do what they do. And then it slowly matured and developed into this: how can we use social science, and in particular psychology, to help the criminal justice system to function more effectively, to increase communication between those two systems, which just seem to be lacking?

Dr. DeMatteo And so when I finished graduate school, I took a job for - I ended up staying for four years as a research scientist at a research institute called, Treatment Research Institute, it was affiliated with the University of Pennsylvania, and I did that for four years. And that was all research, all the time. And R1 grants, we're fortunate enough to get seven of those grants.

Dr. DeMatteo It's a different era. It was still competitive, but we got seven of those grants in four years, and it was all drug policy research, which is really what started developing my interest even before that in graduate school about some of the things that we're going to talk about today.

Dr. Millkey That's a really cool path. I didn't know that you took that break from college. I don't want to fix it, but how long were you - how long was your break?

Dr. DeMatteo It was a semester. That's all. Well, I went to college and actually dropped out after three weeks. I was like, this is not for me. I don't want to be here. I showed up at my parents doorstep and they were like, was that

four years? That doesn't seem like four years. It was like, well I took a shortcut.

Dr. DeMatteo And they said, “Okay, get a job and see how that goes for you.” And so, yeah, like I said, I was a landscaper and I worked at a warehouse and realized, you know, I probably don't want to do this forever. And so I'll just go back to college and see how that works out.

Dr. Millkey You know, when I look at the body of work that you've like - your body of work, which is, you know, considerable, but it's not just that it's considerable, it's also pretty eclectic. And so I feel like the path that you just charted, which was, you know, in some, you know, like you wandered a little bit, it must have informed the way your scholarship and your approach to life in academia now.

Dr. DeMatteo Yeah, I think so. As I like when things develop organically, I don't like to necessarily be put into a category. And so it can be challenging sometimes when someone says, what are your research interests? Because they vary. They all fall under the psychology law umbrella, but short of that they might not have much in common. So for me, it's more about finding pockets of research topics where I feel like I can make a contribution to help the system, to help communication, to help inform the system, to help the decision makers.

Dr. DeMatteo And that's really the one thing that ties together all of my research and scholarly interests.

Dr. Millkey It sounds like a really meaningful way to have a meaningful career. What -

Dr. DeMatteo Thank you.

Dr. Millkey Yeah, well, thank you. What is it in this that - what drew you to, specifically I'm thinking about, you know, your work with the sequential intercept model and specialty courts because you've done a lot of scholarship and writing, and it looks to me also like mentorship around this issue.

Dr. Millkey What what drew you to that?

Dr. DeMatteo So when I was in graduate school and I was looking for some additional research experience, I started working with a group of researchers who were at the research institute that I eventually got a job at. And they

were doing drug policy research. And so I was just working there day a week.

Dr. DeMatteo And I was just fascinated by this overlap of, you know, if you have a Venn diagram of the criminal justice system, the population, and looking at a smaller circle of people of people who are experiencing behavioral health disorders and various circles, the degree of overlap was so extensive that it occurred to me that if i'm interested in justice involved individuals, I have to learn more about substance use because it's just so ubiquitous in various ways.

Dr. DeMatteo And that's really what sparked my interest. And then it started developing into why is the system just doing the same thing over and over again and expecting different results? Incarcerating people who have a behavioral health disorder, let's just say substance use and then releasing them and then they recidivate. And a bunch of smart people sit around and scratch their heads and say, well, I just can't believe that they recitivated.

Dr. DeMatteo And it's like, well, what couldn't - what can't you believe? I mean, you did you think that incarceration was going to help them? And so this was in the mid 90s. And so this is - drug courts and other problem solving courts were just starting to be developed at that point. And we happened to be in the ground floor.

Dr. DeMatteo I was part of a research team as a graduate student. And then subsequent to that - they were doing randomized controlled trials in courts with actual justice involved, people, which even at the time, I didn't realize how difficult that was to do, how unusual it was to be allowed to do an RCT with active court participants and even have judges sometimes being blind to conditions. It just raise a lot of ethical and legal considerations.

Dr. DeMatteo And so, yeah, that's what got me started down this path.

Dr. Guyton I actually remember going to some presentations at APLS many moons ago where people were talking about these types of research studies, you know, there on the East Coast as well as the West Coast with mental health courts, drug courts, and, you know, trying - and being very excited about the opportunities that these programs were showing.

Dr. Guyton And so maybe that will just kind of get us into what we're talking about today, which is both problem solving courts, which drug court is one of

them - one of the primary ones, but also the sequential intercept model. So I think that may mean that we need to rewind just a little bit and talk about some of these basic concepts that underlie some of the advancements that you're going to be talking about. And you have been writing about this for a while.

Dr. Guyton I know there was a paper from 2013 that you wrote with your colleagues Casey LaDuke, Benjamin Locklair, Kirk Heilbrun. Talking about community based alternatives for justice involved individuals with severe mental illness, diversion, problem solving, courts, and reentry. And in that you discuss how efforts to divide people occur at certain points, through their involvement with the legal system, which is conceptualized as a sequential intercept model.

Dr. Guyton So for our listeners who are less familiar with that or do not remember all of the points along that model, would you kind of describe that and break that model down for us.

Dr. DeMatteo Even before I do that, if I may, the general idea here is that the standard criminal justice processing has empirically been shown not to work super well for certain subsets of justice involved people. And we know in particular individuals who are experiencing mental illness, individuals who are involved with substances that standard criminal justice process of arrest, prosecution, conviction, incarceration, release has not resulted in meaningful reductions in recidivism, has not resulted in meaningful reductions in relapse to drug use, or improvements of quality of life.

Dr. DeMatteo And as often happens, unfortunately with the legal system, it took several decades for there to be recognition that, “Hey, what we're doing here is just not working.” We need some other way to work with justice involved people who are experiencing behavioral health disorders.

Dr. DeMatteo And one of the criticisms I'll start with, because I think it provides a justification for the model, but one of the criticisms of diversion in general, in other words, diverting people from standard criminal justice processing, is that it will negatively affect public safety or that there's not accountability for the individual who has done something wrong.

Dr. DeMatteo And that is not at all what underlies diversion or the sequential intercept model. The premises are that people who break the law should be held responsible for breaking the law, but it's a matter of what that responsibility looks like and what the disposition looks like. And so the idea with the sequential intercept model is to identify these points at

which the standard criminal justice process can be interrupted, and alternative services can be provided with the goal of - the goals of holding the person accountable, while providing services that will reduce the likelihood of recidivism and setting them up for life after involvement in the criminal justice system.

Dr. DeMatteo And so we see it start right at the beginning when the original sequential intercept model, which was developed by a community psychologist named Patty Griffin and a psychiatrist, Mark Munetz, initially had five intercept points. And the first one was at initial encounter with law enforcement. The model has since been amended, where there's now an intercept zero, which is even before that, which is let's prevent any or try to prevent any contact with the criminal justice system at all.

Dr. DeMatteo That's called the ultimate intercept, let's avoid any contact. And that's more of a primary prevention type approach of trying to prevent people from being involved in the justice system. But when you start getting to the actual points, the first one is initial contact with law enforcement. The second, and this is because of the name, it's moving sequentially through the process, the second point is post arrest, but before trial.

Dr. DeMatteo Then the third point is post initial hearing. And this is where you will see the court, and this is where the hearings and trials will take place. Then the fourth would be reentry from, let's say, jail or prison. And then the fifth would be community corrections and community support.

Dr. DeMatteo So this is the model that really expands the entire criminal justice process. And I'll add one more thing. Even though I've been writing about this and interested for a while, it really didn't hit home until after several hundred forensic evaluations, particularly of adolescents, and I would sometimes sit there with these 14, 15, 16 year-old young people and think to myself:

Dr. DeMatteo “This didn't have to happen. There was multiple steps along the way, multiple points along the way where this could have been prevented or something else could have been done. And now they've penetrated fairly deep into this criminal justice process. And even if the case is dismissed or it's handled favorably from a defense perspective, there's collateral consequences to being involved in the system.”

Dr. DeMatteo And so it got me thinking, maybe I'd like to work earlier in the pipeline, some of the earlier intercepts. And so fortunately, that's what I've been able to do. We still do work at intercept three and a track. So we also

have a reentry clinic. So we're also working towards the later intercepts as well.

Dr. Millkey Could you give some concrete examples, for example, of interventions or different actions you might take at various intercepts?

Dr. DeMatteo Sure. So I'll start with intercept zero, again which is this ultimate intercept. And I can tell you a couple of things here that might be described as an intervention. One is making sure that services broadly defined are available in communities. And I know these things take money, and they take buy in, and take support. But trying to make sure there's solid education available.

Dr. DeMatteo There is solid before school care and afterschool care, there's summer programs available, there's headstart programs, there's accessible mental health treatment, and substance use treatment. We know as mental health professionals, there are certain things that correlate and even predict involvement in the justice system. We can deal with those things if we can address those things earlier in someone's life, and we reduce the likelihood of them ever becoming involved.

Dr. DeMatteo So the big win for intercept zero is accessibility of services. I'll give one more for intercept zero, which is how we define certain offenses. We can change the definition of offenses. And some people might agree or disagree with how things are defined. But we could for example, and we've seen this in certain jurisdictions, say that possession of a certain amount of cannabis is no longer going to be considered a misdemeanor or a felony, it might be considered a summary offense, or not even at all.

Dr. DeMatteo So we can define offenses differently to prevent people from getting in touch with the system. So that's intercept zero. Intercept one is law enforcement. And this is a really critical juncture, I mean this is the first intercept at which someone is interacting with law enforcement. I have great respect for law enforcement.

Dr. DeMatteo I will say occasionally you will see the handy hammer syndrome, where law enforcement believes that their only hammer is to arrest people. That's what they're trained to do. And so working with law enforcement on things like crisis intervention training, training law enforcement to be more knowledgeable about this is what mental illness looks like. This is what substance use looks like.

Dr. DeMatteo This is someone who is a military veteran, this is what they might experience when they encounter someone who has handcuffs and a gun. This is what someone with autism looks like. So sort of spanning generally, we do a pretty cool training in Philadelphia for the Philadelphia police force, where it's called Hearing Voices. And we put the earphones on the police officers.

Dr. DeMatteo And it's - auditory hallucinations are simulated, auditory hallucinations are pumped in. And while they're experiencing that, we are directing them to do things. Stand up, put your legs together, put your hand here, do this and they struggle with it. And the epiphany, the recognition that you get from some of these police officers where they realize, okay, someone's not being difficult just for the sake of being difficult.

Dr. DeMatteo They can't concentrate on two things at once. So crisis intervention training has been, I think, very helpful in trying to improve police citizen interactions, which we know unfortunately, there's been some not so good interactions, we can say. So intercept two is where there's the least amount. So this is after the person has been arrested. The main interventions at intercept two are screening and referral, trying to identify people who arguably don't belong in standard criminal justice processing because they have these identifiable needs.

Dr. DeMatteo And maybe at that point they can be diverted depending on the offense, to a community based intervention, something that will prevent them from penetrating further into the system. There's not a lot of research that's been done at intercept two. It's really intercept three that you get to - now you're getting to the hearings in the actual courts.

Dr. DeMatteo And the main intervention, which I know we'll talk about at some point, are the problem solving courts, these special dockets have been developed to help the processing of individuals who are experiencing various things or different types of justice involved people. And then intercept four would be reentry. So this is now someone is coming out of the system and what do we do. And this is really key, right? This is - you can think of it - there's analogies relating to therapy where you help someone therapeutically.

Dr. DeMatteo Do you just sort of say okay, goodbye, best of luck. Or do you provide scaffolding and support to try to reduce the likelihood that they're going to have a relapse? All to often, unfortunately, the criminal justice system will just release people from incarceration without being set up for success. The reentry stage, which is intercept four, is this idea of let's

put people in the best possible position they can be in for success post-incarceration, post-release. And then you'll see intercept five, which is more of the community corrections.

Dr. DeMatteo Now, the person's in the community. And this is more sort of an extension of intercept four. But how can we continue to provide them with what they need, case management, additional services, preventative services. So that's kind of how the whole continuum works.

Dr. Guyton I'm thinking as you're talking to us of our own system in Oregon and where we see some of these changes. I think we got some national press, over the last few years for some diversionary efforts around intercept one and, like, changing, like you were saying, about changing the definition of a crime and making smaller amounts of substance use, not a crime or a very low level crime that didn't result in incarceration.

Dr. Guyton It was a grand experiment which was confounded by the pandemic and didn't result in a very good outcome. And so they ended up changing the laws back, just recently because there was just a lot of, you know, concern, about people not being held accountable, but also services not really being made available.

Dr. Guyton And one of the interesting things that happened with that is that now that the law has been changed back, the different jurisdictions get to decide whether they will divert to, you know - so when they do arrest somebody for a lower level substance use crime, whether they will immediately divert, so kind of before they get charged, or whether they will just take them in this county by county based on what the counties wanted to do. So that's going to be interesting to, kind of, watch that play out a little bit. But thankfully, we also have a number of these problem-solving courts in our jurisdiction as well.

Dr. Guyton And I'm wondering if you can tell us just about the history of those problem-solving courts. How did they come to be? I know you talked about your work with drug courts, but how did they come about? And when was this?

Dr. DeMatteo The idea that people who are experiencing mental illness should not be treated the same way as people who are not experiencing mental illness, goes back several millennia. And I won't go into a detailed discussion of that, but you could look at ancient Greek and Roman law, and you could see examples where people who were experiencing

mental illness, and obviously their understanding of mental illness was less sophisticated and nuanced, than our understanding.

Dr. DeMatteo But there was recognition 2000 years ago, that people maybe should not be held to the same degree of legal responsibility for what they do. I mean, we see it in Roman law with precursors to insanity, *non corpus mentis*, the idea that they were not mentally competent. You see it in the Bible, actually, you see it in Jesus's last words when he says, "Father, forgive them, for they know not what they do."

Dr. DeMatteo Right? This general idea that people maybe should not be held responsible for things if they don't know what they're doing. So that relates more to criminal responsibility, but it's still this recognition that people who do things because of mental illness should be treated differently than people without it. And so if you jump ahead to the 19th century and early 20th centuries, you see social reformers like Dorothea Dix and other people who said, we need to get people out of the criminal justice system who are there primarily because of mental illness.

Dr. DeMatteo This criminalization of the mentally ill, which is the phrasing that you will often see. So we've had, in the United States, we've had two broad policies. If we just look, for example, at drug use, because that was the progenitor of all of the problem solving courts. We've had two broad approaches for drug use. The first is the public safety approach, which is the idea that drug use is a crime.

Dr. DeMatteo And so the appropriate response to a crime is to punish. And that is a key aspect of our criminal justice system, is punishment, is retribution for someone breaking the law. And again, we know that people with - who are drug involved are way overrepresented in the criminal justice system. The rough estimate is about 80% of all people in the criminal justice system have some connection to drugs.

Dr. DeMatteo Either it was a drug offense or they were - they committed an acquisitive offense to get money to be able to buy drugs, or they were under the influence at the time of the offense, or they have a history of a drug problem. So again, this Venn diagram overlap is extensive. So this public safety approach which is really best exemplified by the War on Drugs, started by President Nixon in the late 60s, really amped up through the 70s and really took its form in the early 80s under President Reagan, was this idea that drug use is a crime, and the correct response is to punish it.

Dr. DeMatteo And as a result, the drug population that - excuse me, the population of drug involved offenders, justice involved people quadrupled in 20 years. And so an obvious question for empirical people is: did this work? Now on the one hand you could say, sure, you put more people in prison if that's your definition of working, then way to go, you did it.

Dr. DeMatteo But if you're looking at recidivism and relapse, you will see that within a year of release, 85% of people will relapse to drug use, and within three years, 95% relapse to drug use. And the recidivism rate, if you look at those two major outcomes of relapse and recidivism, the recidivism rate is about 67% averaged across studies. So you can make the argument that incarceration itself is not working.

Dr. DeMatteo What about other things like boot camp and some of these other intermediate sanctions? Some of those have actually been shown to increase the rates of criminal behavior. So, we've had this range of interventions in the criminal justice system under the public safety approach that by any definition of metric except incarceration has not been shown to have any meaningful reduction in drug use or recidivism.

Dr. DeMatteo So the other end of the continuum now is the public health approach, which says, “Well, drug use shouldn't be punished. Drug use is a disorder, it's a disease. We don't punish people for having diabetes. We treat it.” And there's obvious differences between those things. But the point being that let's treat people. Unfortunately, that has not worked particularly well either.

Dr. DeMatteo And the statistics about showing up to therapy and sticking with therapy suggest that most people, people who are drug involved and justice involved, don't do it even when they're mandated to do it. So it wasn't until the mid 80s that judges started saying, I think we need a different approach here. And the overwhelming numbers that were clogging up dockets of justice involved people who were using drugs, prompted some judges in particular, and Miami and Dade County, Florida, to develop the first drug court, with a separate docket with this idea that - which seemed revolutionary at the time.

Dr. DeMatteo The idea that if you actually treat whatever it is that is causing this person to come into contact with the criminal justice system, maybe you reduce the likelihood that they will come into contact with the system again. It sounds so simple. It took a while for the legal system to catch

on to that, because the legal system is arguably focused more on punishment and retribution than rehabilitation.

Dr. DeMatteo That was the paradigm shift of a non-adversarial [unintelligible] based approach that culminated in the development of the very first drug court back in 1989, in Miami. And that's how they got started.

Dr. Guyton It's crazy to think that that was 1989. Like, that really wasn't that long ago. And it was such a novel thing back then, but now they have proliferated so much. Do you have a sense of how many types of drug courts there are throughout the US, or are they in other jurisdictions outside the US as well?

Dr. DeMatteo So it's a little bit tricky to get a clear estimate on this, but there are over 3000 drug courts that are either operational or that are in advanced development stages. There are different models of drug courts, but generally the model would be someone who's arrested in a jurisdiction that has a drug court. And the prosecutor - if the person meets the criteria, which we could talk about too, because there's some concerns about eligibility criteria, if the person meets those criteria, the prosecutor could offer the opportunity to be in drug court.

Dr. DeMatteo And in most jurisdictions, that means the person would plead guilty to the offense. The guilty plea is held in abeyance, legally it's not entered. It's kind of held over their head. And in exchange, they go to court hearings and they receive services, and they have mandatory drug testing. And using a behavioral modification approach, they are evaluated each month.

Dr. DeMatteo And if they're doing well, they get rewarded. They progress through the system. If they're not, they're sanctioned and potentially they could be terminated from the program, eventually. If they succeed in these programs and they range from four months to two years, depending on the type of program, then the charges are dropped. And in many jurisdictions they can have their arrest record expunged, at least for that offense, which will open up a range of opportunities for them that they may not have had.

Dr. DeMatteo So that's the idea. And drug courts - this model has been exported to over 30 countries who have realized that this combination approach, which is really public health and public safety, and has accountability and has holding someone responsible, but also has this non adversarial

team based approach, which is what do we want the criminal justice system to be? If we want it to be about punishment then fine, just do it.

Dr. DeMatteo But then don't expect there to be great results when it comes to recidivism or relapse. But if we actually want to reduce recidivism, which even in this, you know, very partisan era we're in, I think there probably could be broad agreement that we want to reduce crime in general. If that is a goal, then let's figure out a better way to do it.

Dr. DeMatteo And drug courts have been the most successful intervention ever developed for people who are justice involved and drug involved in the system.

Dr. Guyton And when you say the most successful, will you break that down for us a little bit?

Dr. DeMatteo Sure. So if you look at the - under the public health approach, which is get people treatment, only about 10% of people who get treatment for drug use will stay in treatment for a year or longer. And that's - the year is kind of a key point because the research suggests in terms of a dose response curve, if someone has a really severe drug problem, *really* severe drug problem, then they should be getting at least one year of intense treatment.

Dr. DeMatteo And in the community outside of drug courts, again, only 10% were getting a year or more. In drug courts, more than 60% of the clients are getting at least one year of treatment to sixfold increase. So we see in terms of the treatment, we also see in terms of the recidivism rate, which is there's a range, of course, because there's so many different types of drug courts.

Dr. DeMatteo But the research, by and large, the weight of the research suggests that drug courts reduce recidivism more than any other intervention that has been tried for individuals with drug use or in the criminal justice system. And, I'm sorry, I'll add one more thing in terms of do we know they work, so they work in terms of relapse to drug use, they work in terms of recidivism.

Dr. DeMatteo And there's some differing research. But what I put most stock in is the research suggesting that they also have significant cost savings. As we know, it's expensive to put someone into the system, house them in a correctional facility, and just the cost of crime in general, if you look at

behavioral economists and how they calculate that. And so, yes, drug courts of course cost money too.

Dr. DeMatteo But by and large, the research suggests they cost much less money than standard criminal justice processing.

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