

LLM Deliberation Experiment

test_full_003

Experiment Overview

Topic: Your city has \$500,000 in discretionary funds to allocate. You must choose which area should receive the funding.

Pilot ID: test_full_003

Participants:

- Total: 120
- Complete: 120
- Conditions: 4

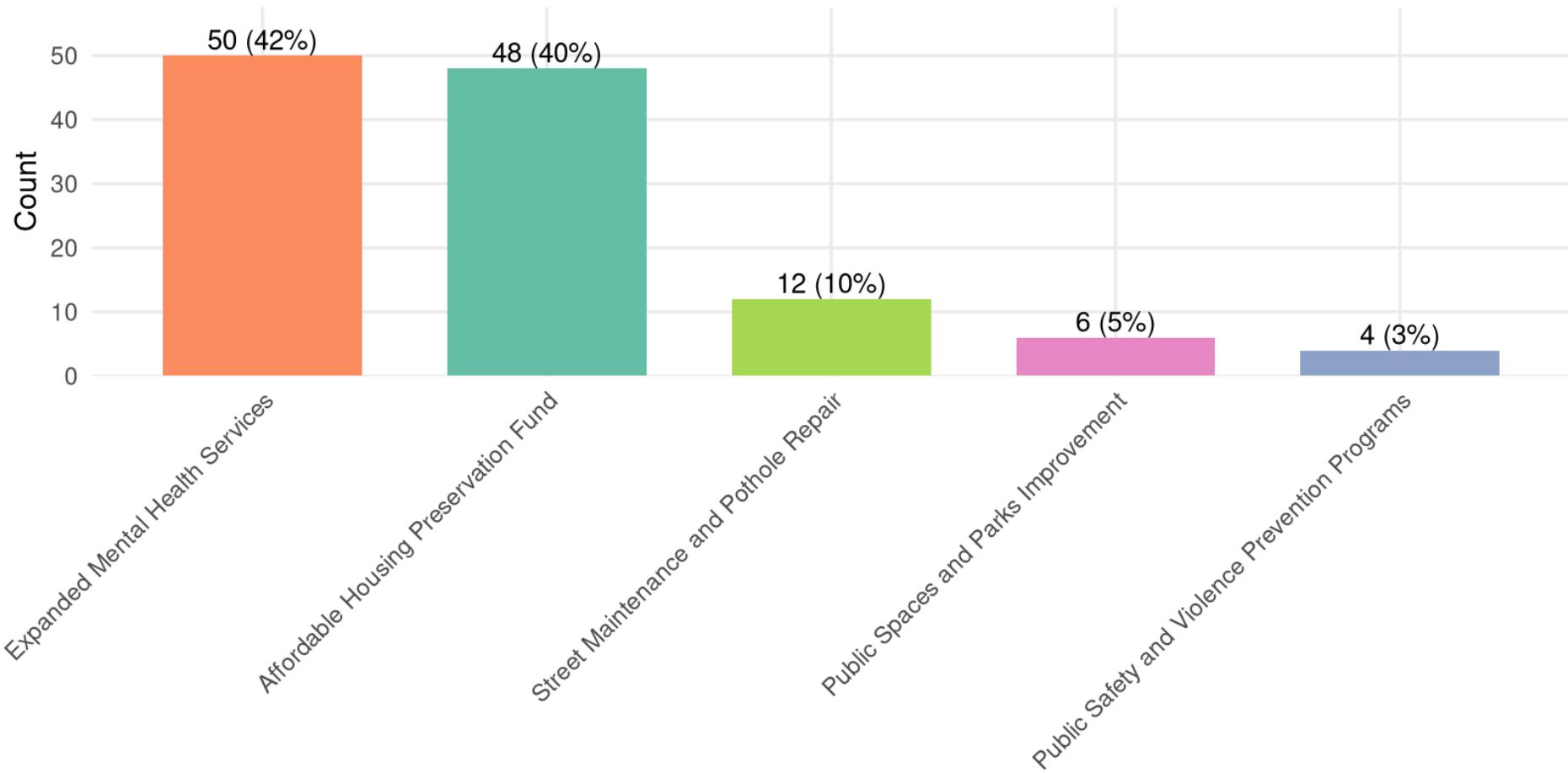
Condition	N
ACP	30
Clarified Passive	30
Simple Passive	30
Simple Voting	30

Conditions:

Initial Vote Distribution

Initial Vote Distribution

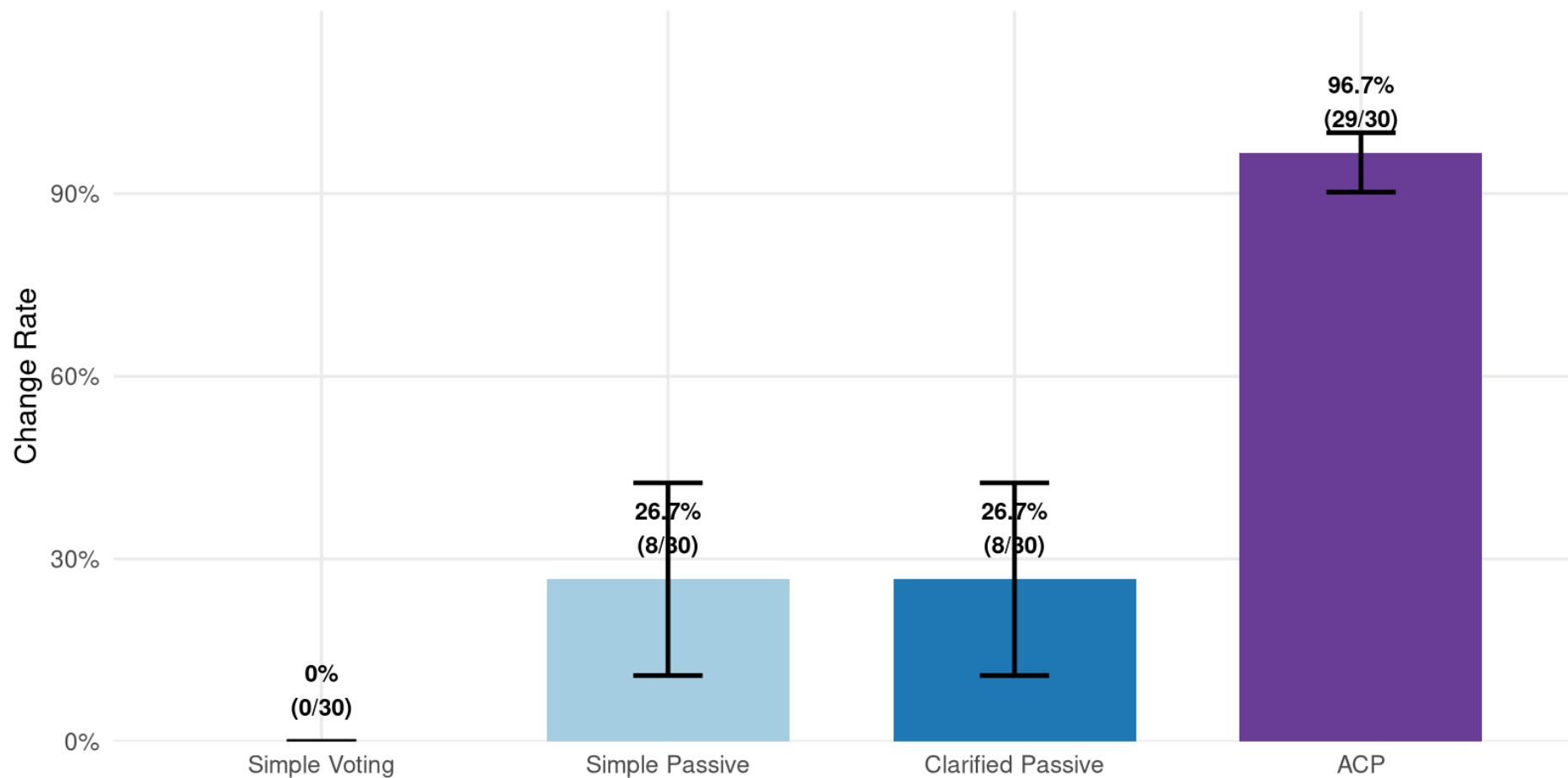
Before any deliberation or exposure



Position Change Rates

Position Change Rate by Condition

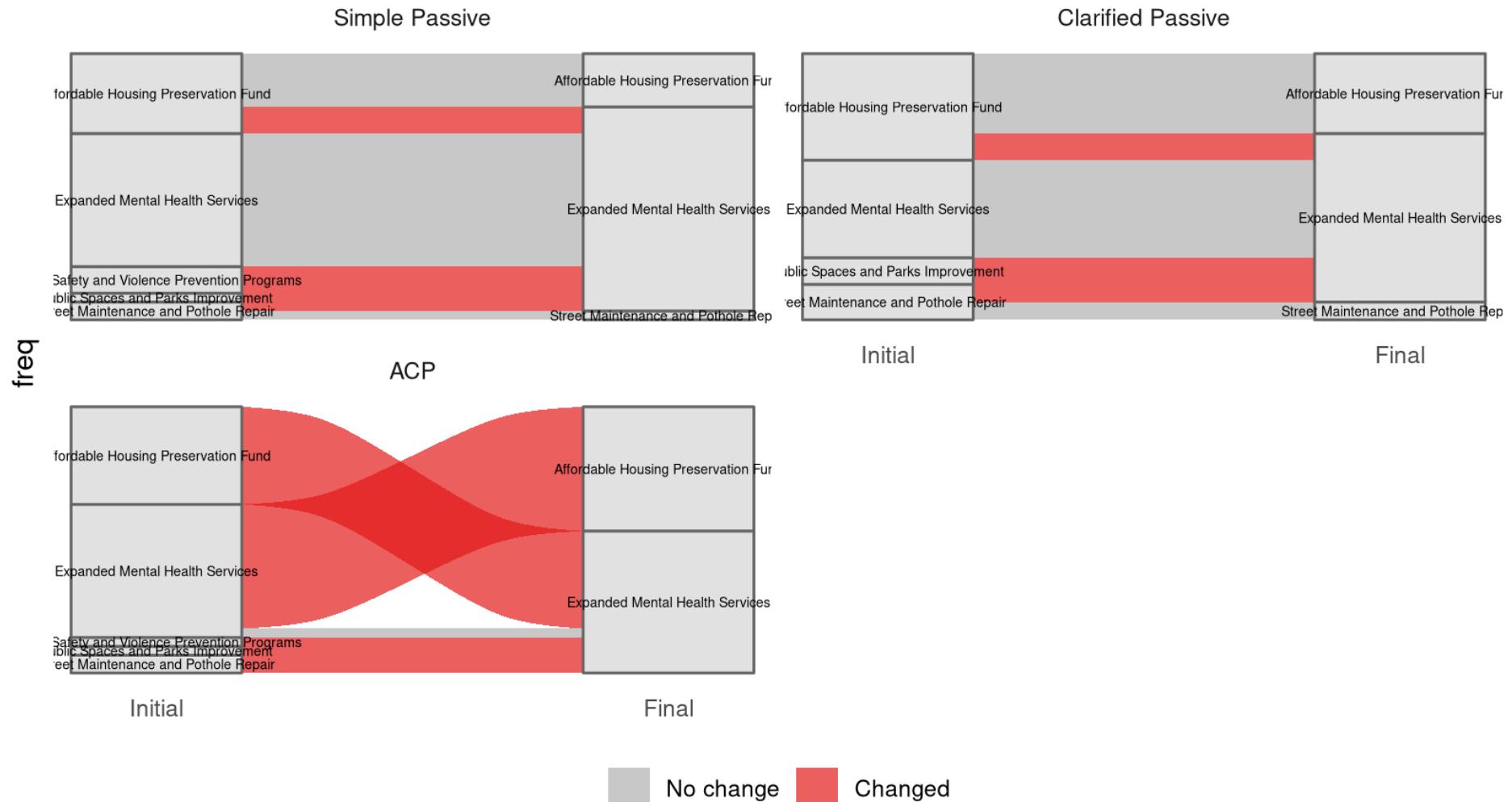
Percentage of participants who changed their vote after deliberation



Vote Shifts (Sankey)

Vote Flows: Initial to Final Position

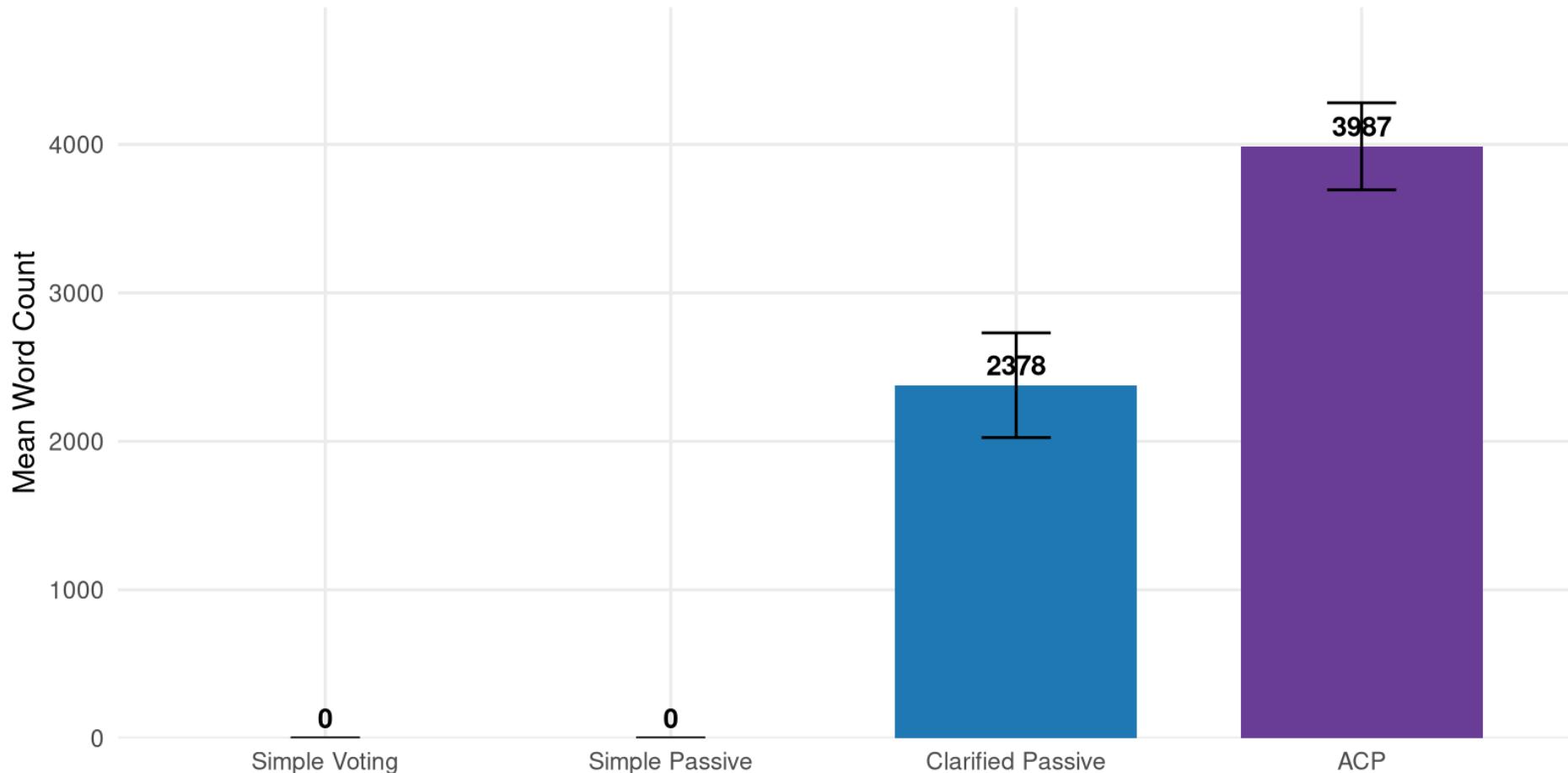
Red flows indicate position changes



Dialogue Engagement

Average Dialogue Word Count by Condition

Total words in clarification + adversarial dialogues



Example: Position Changer

Participant: p_0091

Initial Vote: Affordable Housing Preservation Fund

Final Vote: Expanded Mental Health Services (CHANGED)

Adversarial Dialogue Excerpt:

Moderator: If the city put the \$500,000 into **Expanded Mental Health Services** instead, what would have to be true for that to be the more urgent “foundation” than housing preservation?

1. Testing the “housing is the foundation” assumption

- You’re assuming stable housing causes better mental health ...

Participant: For **Expanded Mental Health Services** to be the more urgent “foundation” than housing preservation, I’d need a few things to be true at the same time—basically that **the city’s immediate collapse point is behavioral-health access**, and that \$500k can measurably relieve it faster than it can p...

Full Dialogue: Position Changer (1/2)

Participant: p_0091 | Affordable Housing Preservation Fund → Expanded Mental Health Services

Moderator: If the city put the \$500,000 into **Expanded Mental Health Services** instead, what would have to be true for that to be the more urgent “foundation” than housing preservation?

1. Testing the “housing is the foundation” assumption

- You’re assuming stable housing causes better mental health and community stability. How confident are you about the direction of causality in your city’s current situation?
- What about residents who *have* housing but are in crisis (severe depression, addiction, psychosis, suicidality)? In those cases, is housing preservation actually the binding constraint?
- If someone is about to lose their lease because they’re decompensating (missing work, conflict with neighbors, hoarding, substance use), would “preserving units” prevent displacement without mental health support?

1. Concrete scenario: preventing eviction vs. preventing crisis Imagine two households:

- **Household A** is stably housed in a rent-restricted unit but a parent is experiencing untreated bipolar disorder; repeated crises lead to job loss and disturbances that risk eviction.
- **Household B** is stable and working but in a building likely to be sold and repositioned; they face a rent hike next year.

With \$500,000, do you prioritize:
- preserving Household B’s unit (helpful, but possibly not immediate), or
- stabilizing Household A with mobile crisis response, psychiatry, case management, and eviction-prevention coordination?

Which choice prevents *more* harm in the next 6-12 months, and how are you measuring harm?

1. Speed and cost-effectiveness—are you comparing like with like?

Full Dialogue: Position Changer (2/2)

Participant: For Expanded Mental Health Services to be the more urgent “foundation” than housing preservation, I’d need a few things to be true at the same time—basically that **the city’s immediate collapse point is behavioral-health access**, and that \$500k can measurably relieve it faster than it can protect housing stock.

What would have to be true (in my city, right now)

1. **The binding constraint is crisis + continuity, not rent/units**

- Waitlists are extreme (weeks/months), no same-day psychiatry, limited detox/step-down, and people are routinely falling through the cracks.
- Evictions/homeless entries are being driven less by “building got flipped” and more by **untreated episodes** (job loss, neighbor conflict, lease violations, family fracture).

1. **\$500k can buy real, near-term capacity** Mental health would have to be something we can stand up *within 6-12 months* with clear throughput, like:

- a mobile crisis/clinician + peer team with extended hours,
- short-term stabilization slots + bridge psychiatry,
- intensive case management tied to eviction-prevention + benefits navigation,
- flexible funds for meds/transport + landlord coordination.

If it’s just “more referrals” into an already jammed system, then it’s not actually foundational—just nicer paperwork.

1. **Preservation dollars have diminishing returns at this margin** If \$500k in preservation in my city realistically preserves only a handful of units *after* legal/financing delays—or it can’t compete with 10/12 private capital—then the urgency flips. Preservation is only “fast” if there’s a shovel-ready deal, an at-

Key Takeaways

Summary Statistics

- **Total Participants:** 120 completed the experiment
- **Overall Change Rate:** 37.5% changed their position
- **ACP Change Rate:** 96.7%
- **Baseline (Simple Passive):** 26.7%

Main Finding

ACP condition shows 70 percentage points higher change rate than baseline passive exposure.

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