

# 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

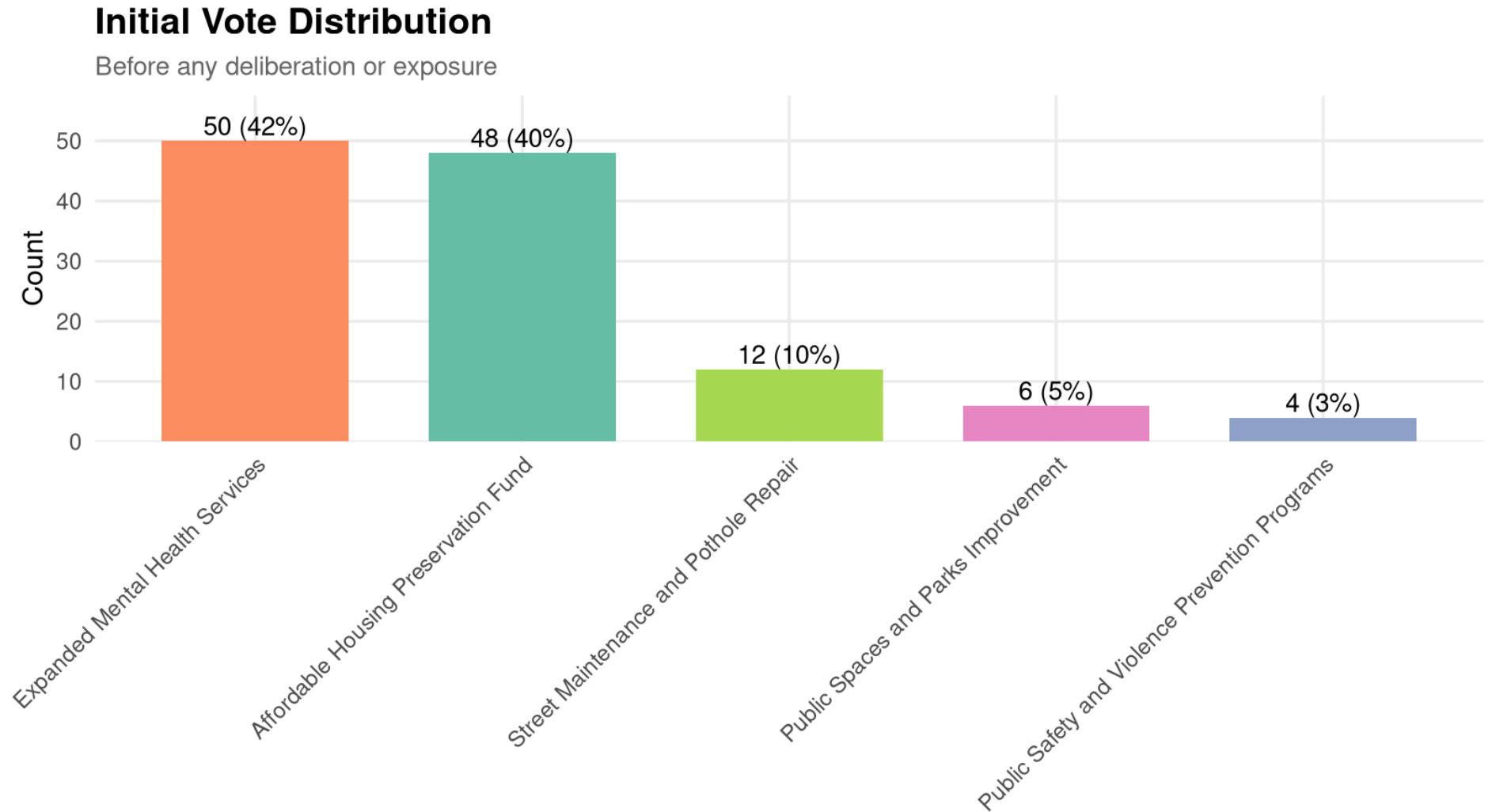
## Participants:

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

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

## Conditions:

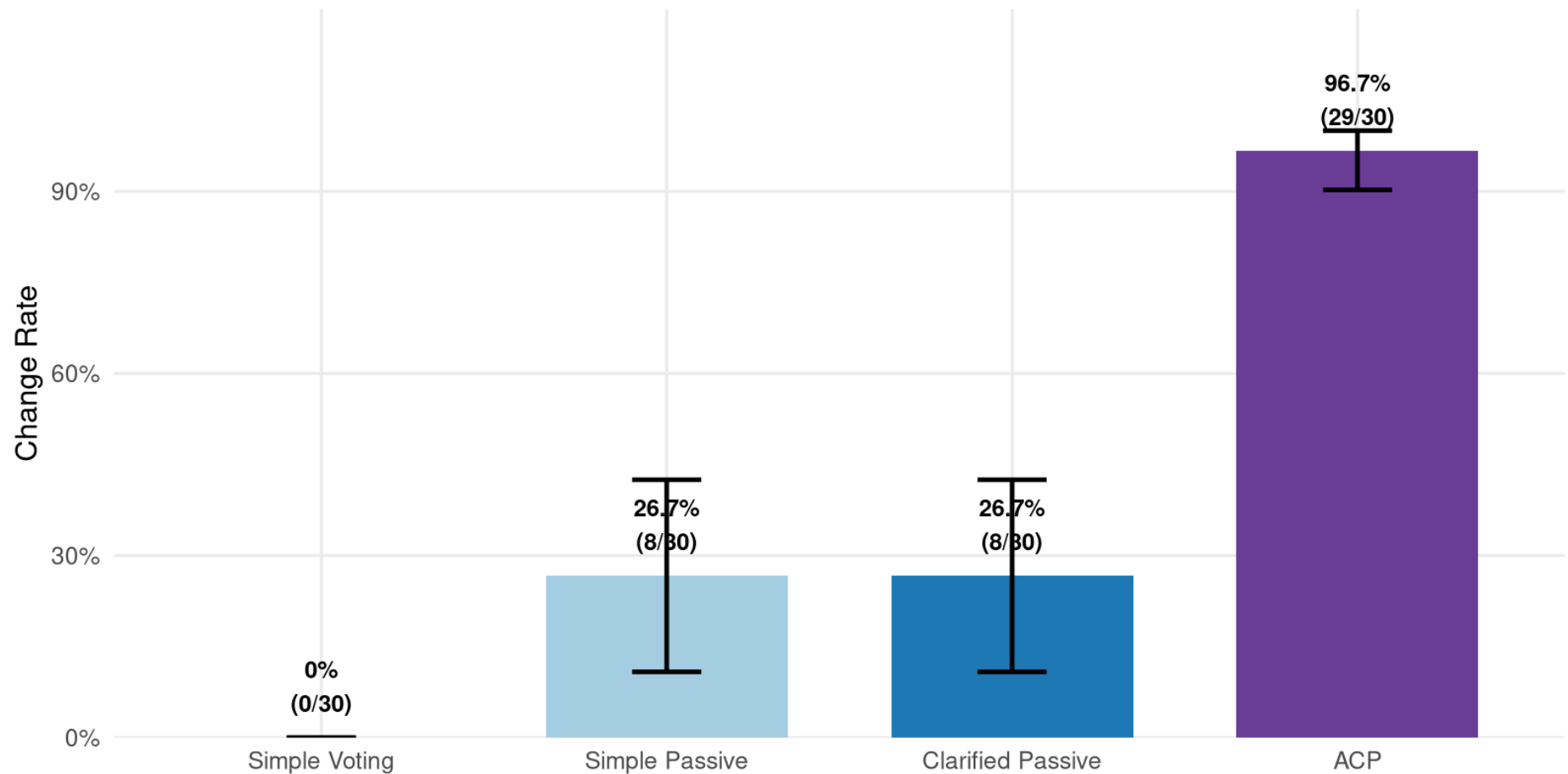
# Initial Vote Distribution



# Position Change Rates

## Position Change Rate by Condition

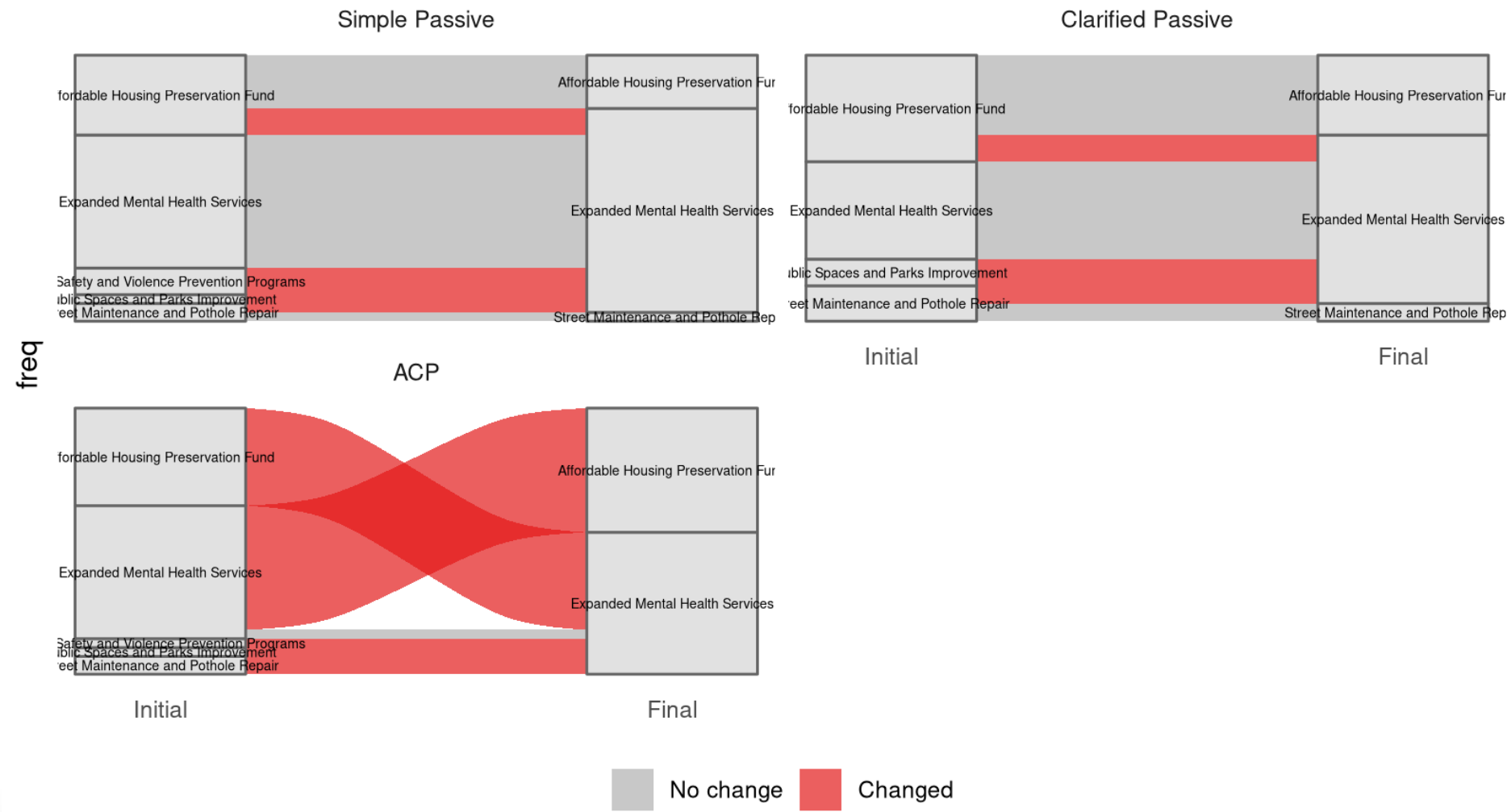
Percentage of participants who changed their vote after deliberation



# Vote Shifts (Sankey)

## Vote Flows: Initial to Final Position

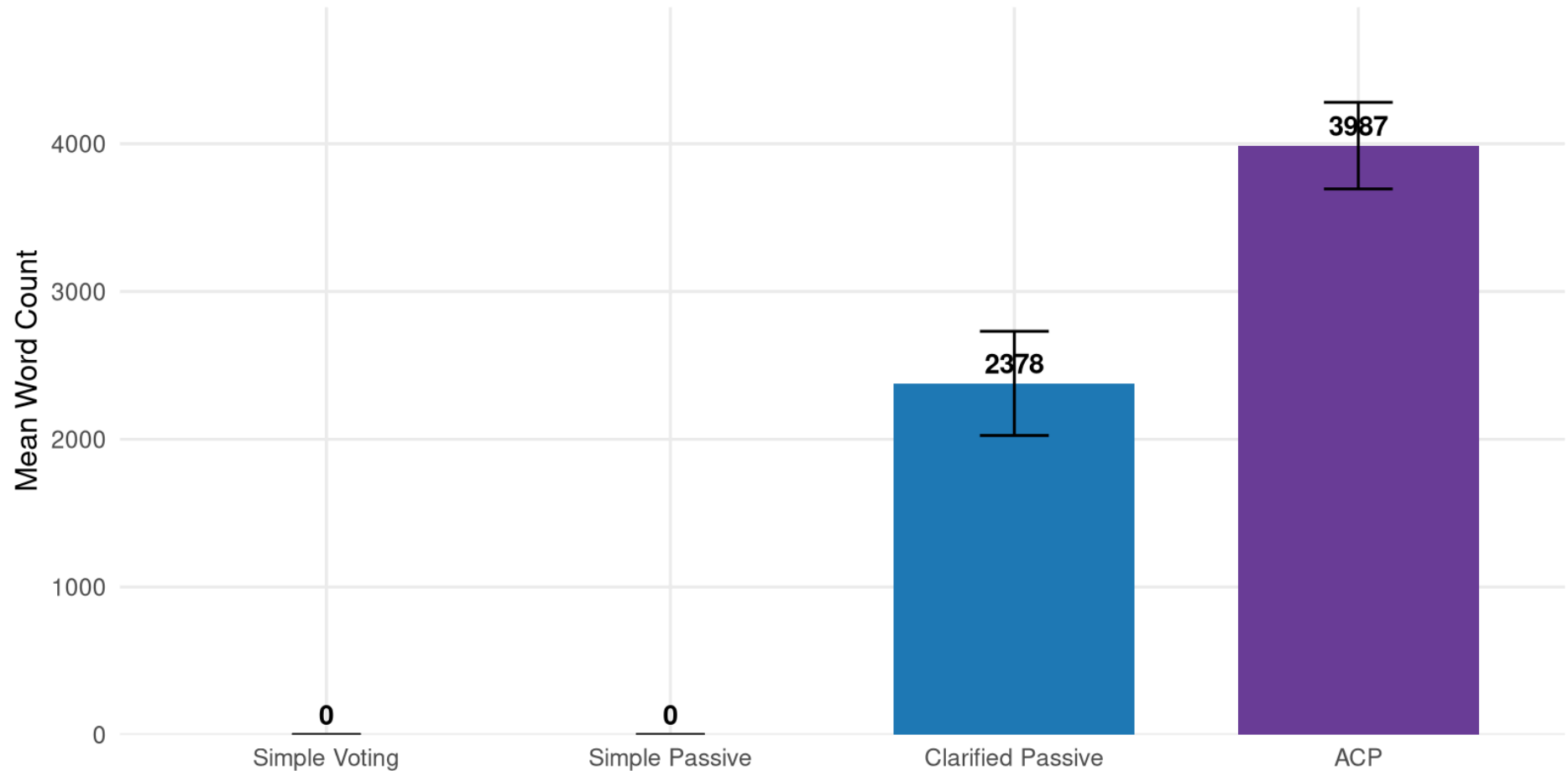
Red flows indicate position changes



# 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.**

**Report generated:** 2026-01-08 03:32:47.481963

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