

# Bridging Prediction and Intervention Problems in Societal Systems

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# Warm-up : Automated Decision Systems (ADS)

Slido Quiz



Which of these applications of ADS are you familiar with?

**A. Criminal justice risk assessment**

**B. Clinical alerts, Clinical decision making**

**C. Education advising / early warning systems**

**D. Housing or social-service triage**

**E. Child welfare screening**

**F. Hiring or workplace screening**

# Automated Decision Systems (ADS) are everywhere...

## **Criminal justice risk assessment**

“Over 60% of the US population lives in a jurisdiction that uses a pretrial RAT”

## **Education advising / early warning**

“tracking 800 different risk factors for more than 40,000 students every day, ...” (Georgia State University, 2024)

## **Child welfare screening**

Allegheny Family Screening Tool

## **Sepsis prediction / clinical alerts**

“More than 80% of clinicians in the United States alone use MDCalc...”

## **Housing or social-service triage**

VI-SPDAT, WPRS.

## **Hiring or workplace screening**

“More than one million job candidates around the world...” (Pymetrics)

# But does individual prediction have the intended impact?

Sentiment check: where do you think have we seen improvements in domain-relevant *outcomes* from ADS deployment?

**A. Criminal justice risk assessment**

**B. Clinical alerts, Clinical decision making**

**C. Education advising / early warning systems**

**D. Housing or social-service triage**

**E. Child welfare screening**

**F. Hiring or workplace screening**

# Mixed (or lack of) evidence across domains

## Criminal justice risk assessment

Mixed evidence on **reducing detainment rates** while ensuring **public safety** (Green, 2020)

## Sepsis prediction / clinical alerts

**Increased** subsequent treatment and guideline **compliance** (Sendak et al, 2020), but also causes **alert fatigue** (Wong et al., 2021), and **only minor reductions in mortality** (Boussina et al., 2024).

## Education advising / early warning

- **Georgia State University's GPS Advising:** "... more than 250,000 one-on-one meetings between our advisers and students that were prompted by alerts generated by the system... **7 percentage point increase in graduation rates** " (GSU, 2024)
- **DEWS in Wisconsin Public Schools:** "...accurately sorts students by their dropout risk... However, these effect estimates are noisy and we **cannot rule out the possibility that the system has had no impact on student outcomes.**" (Perdomo et al., 2023)

# Goals of this tutorial

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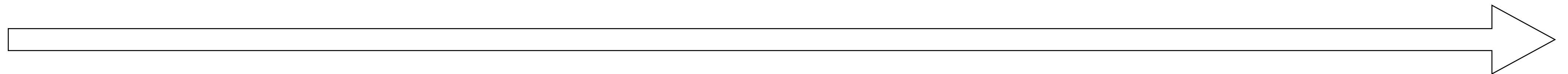
- Conceptualize **predictive Automated Decision Systems (ADS) as policy interventions** on institutional decision processes with broad consequences.
- Compare **model design** choices such as pure prediction, counterfactual baseline prediction, and individual treatment-effect targeting.
- **Evaluate** deployed ADS using experimental and quasi-experiment methods beyond benchmarking. Learn the limitations of benchmark evaluations.
- Understand the **implementation factors** including interaction design, intervention design, human discretion, organizational context, and governance, that impact deployment outcomes.

# Road map

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## Overview: Predictions as Interventions

<b>Model design</b>  What is being optimized?	<b>Evaluation science</b>  What evidence shows deployment had the intended impact?	<b>Implementation science</b>  What implementation factors determine impact?	<b>Tutorial Artifact: ADS deployment index</b>  Apply prediction-as-intervention lens to deployments “in the wild”
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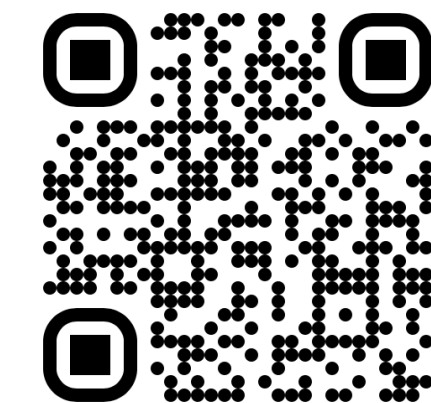
As we move through the modules, we'll collect ingredients for today's community artifact.

# A Multidisciplinary Community (2024-Present)

## “Bridging Prediction and Intervention Problems in Social Systems”



Computer Science  
Statistics  
Operations  
Business  
Econ  
HCI  
Philosophy  
Sociology  
Law



[arXiv 2507.05216](https://arxiv.org/abs/2507.05216)

### Organizers

Lydia Liu (Princeton University)

Inioluwa Deborah Raji (University of California - Berkeley)

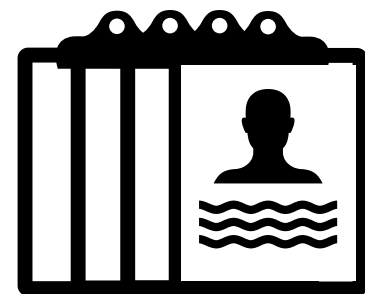
Angela Zhou (University of Southern California)

Arvind Narayanan (Princeton)

Bridging Prediction and Intervention Problems in Social Systems \*

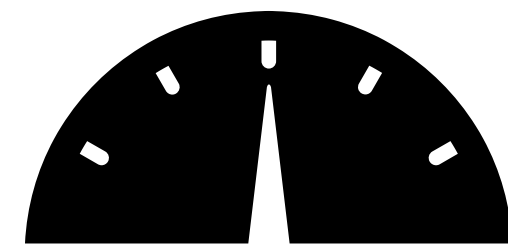
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Eli Ben-Michael, Solon Barocas, Avi Feller, Marissa Gerchick, Talia Gillis, Shion Guha,  
Daniel Ho, Lily Hu, Kosuke Imai, Sayash Kapoor, Joshua Loftus, Razieh Nabi,  
Arvind Narayanan, Ben Recht, Juan Carlos Perdomo, Matthew Salganik, Mark Sendak,  
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# Status Quo: How We Think About Automated Decision Support



*X*

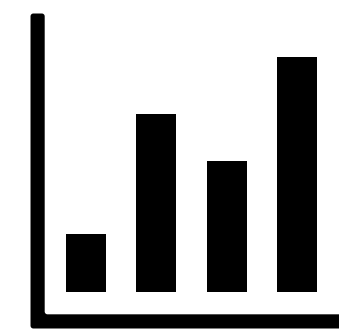
Covariates



*R*

Risk Score

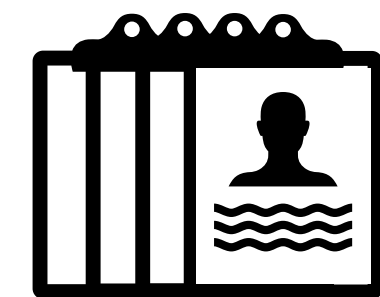
$$E[Y | X]$$



*Y*

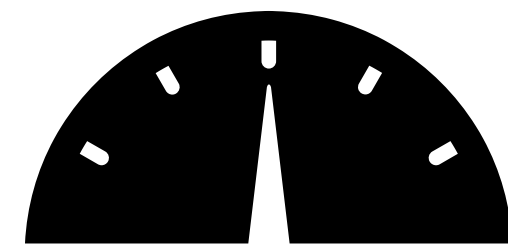
Outcomes

# Status Quo: How We Think About Automated Decision Support



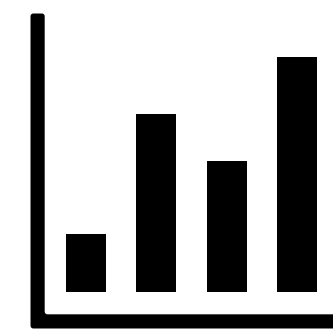
*X*

Covariates



*R*

Risk Score



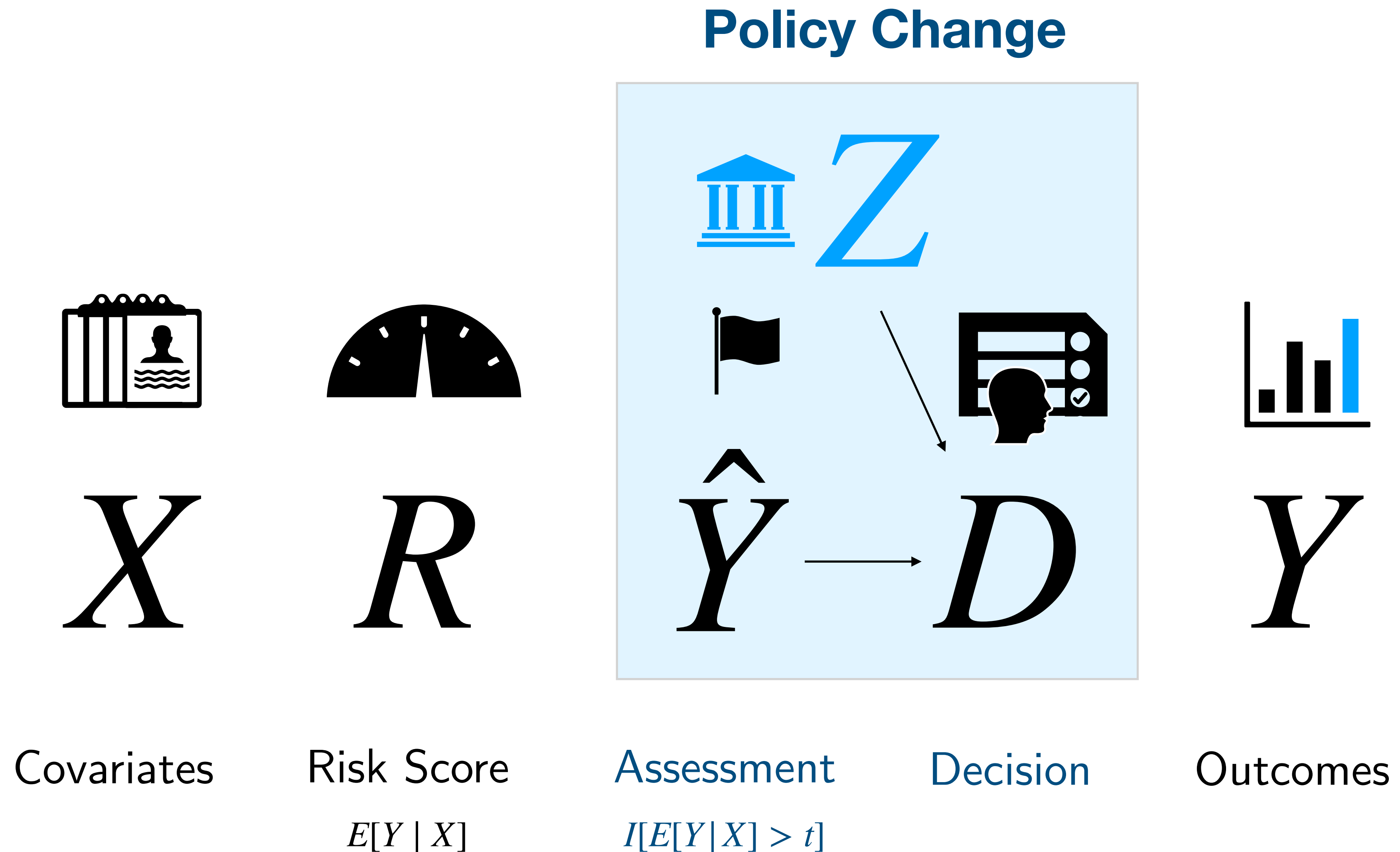
*Y*

Outcomes

$$E[Y | X] = P(Y = 1 | X)$$

<i>X</i>	<i>Y</i>
Credit history	2-year default
Patient history, EHR data	Sepsis
Grades	2-year dropout
Background and prior criminal record	Failure to appear for trial

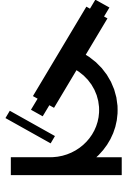
# ADS Deployments as Policy Interventions



# ADS Deployments as Policy Interventions

	$X$	$D$ (Decision)	$Y$
Criminal justice	Background and prior criminal record	Pretrial detention? Supportive services?	Failure to appear for trial
Lending	Credit history	Approved? Interest rate?	2-year default
Health	Patient history, EHR data	Bed allocation Early attention	Sepsis
Education - Dropout prediction	Grades	Advising hours, attendance monitoring	2-year dropout

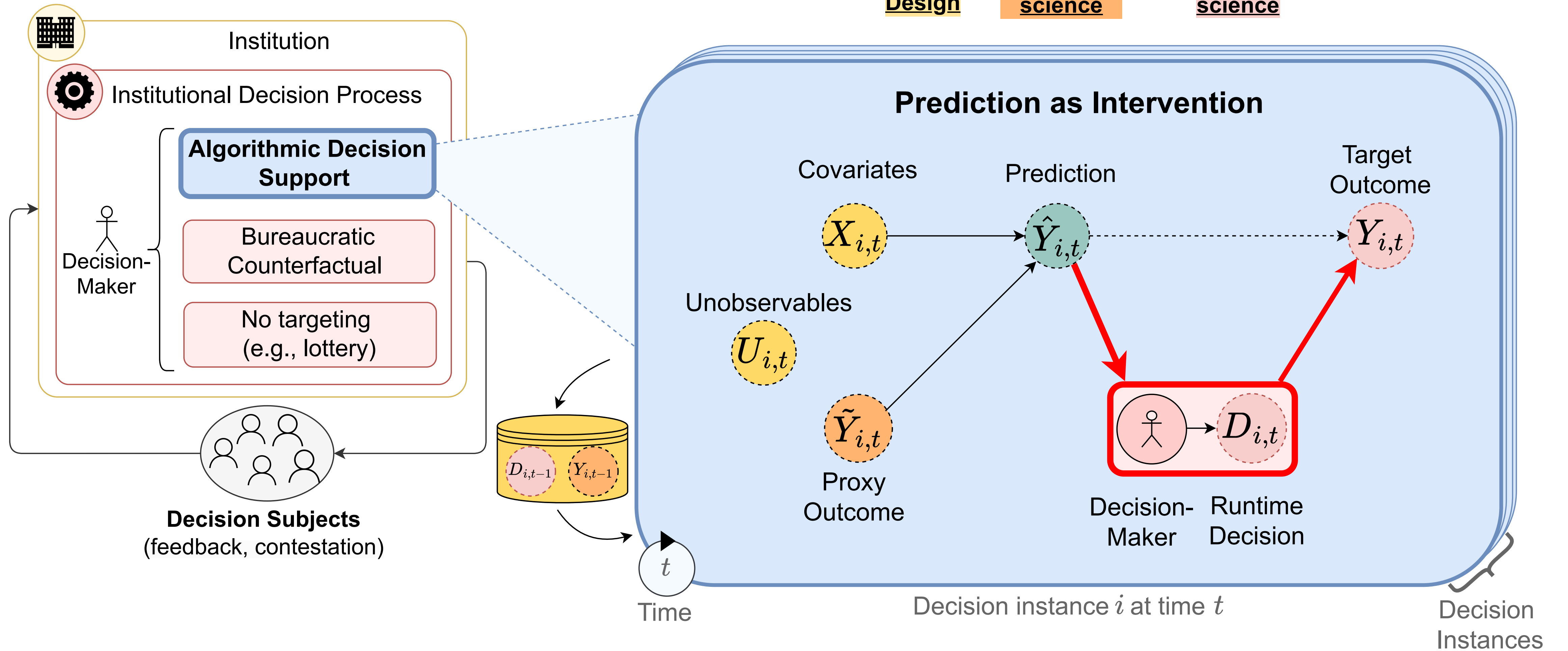
# Mapping an ADS

Science of  
Algorithmic Decision Support 

Model  
Design

Evaluation  
science

Implementation  
science



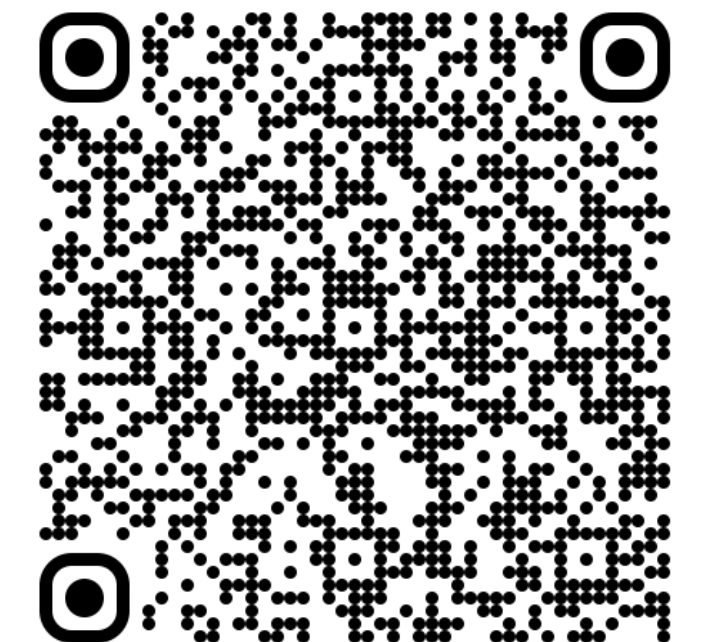
# Build the Prediction-as-Intervention Index

At the end, we'll have some time to build the Prediction-as-Intervention index  
 ADS “aporia” (contradictions, gaps, issues...)

[tinyurl.com/ads-pred-int-index](https://tinyurl.com/ads-pred-int-index)

Contributor(s)	ADS / System	Domain	Covariates (X)	Decision (D)	Proxy Outcome (~Y)
seed	Pretrial risk assessment / PSA	Criminal justice	Failure to appear / new criminal activity risk	Release, detention, bail, or conditions (e.g. supervised release). Supportive services?	Failure to appear for trial
seed	Epic Sepsis Model	Healthcare	Patient history, EHR data	Alert clinicians, early attention, bed allocation	Recorded sepsis / clinical labels
seed	Wisconsin Dropout Early Warning System (DEWS)	Education	Grades, ...	Educators identify students for intervention or support?	On-time graduation / dropout
seed	MAAPS data-driven advising protocol	Education	Grades, ...	Advising appointments, downstream interventions?	Graduation, retention, academic progress?
seed	Credit Score	Financial Services	Credit history	Pretrial detention? Supportive services?	2-year default

Scan me~



# 1: Model Design

**Problem formulations change from predictions to decisions.**

**What, when, how?**

## ***Model Design:***

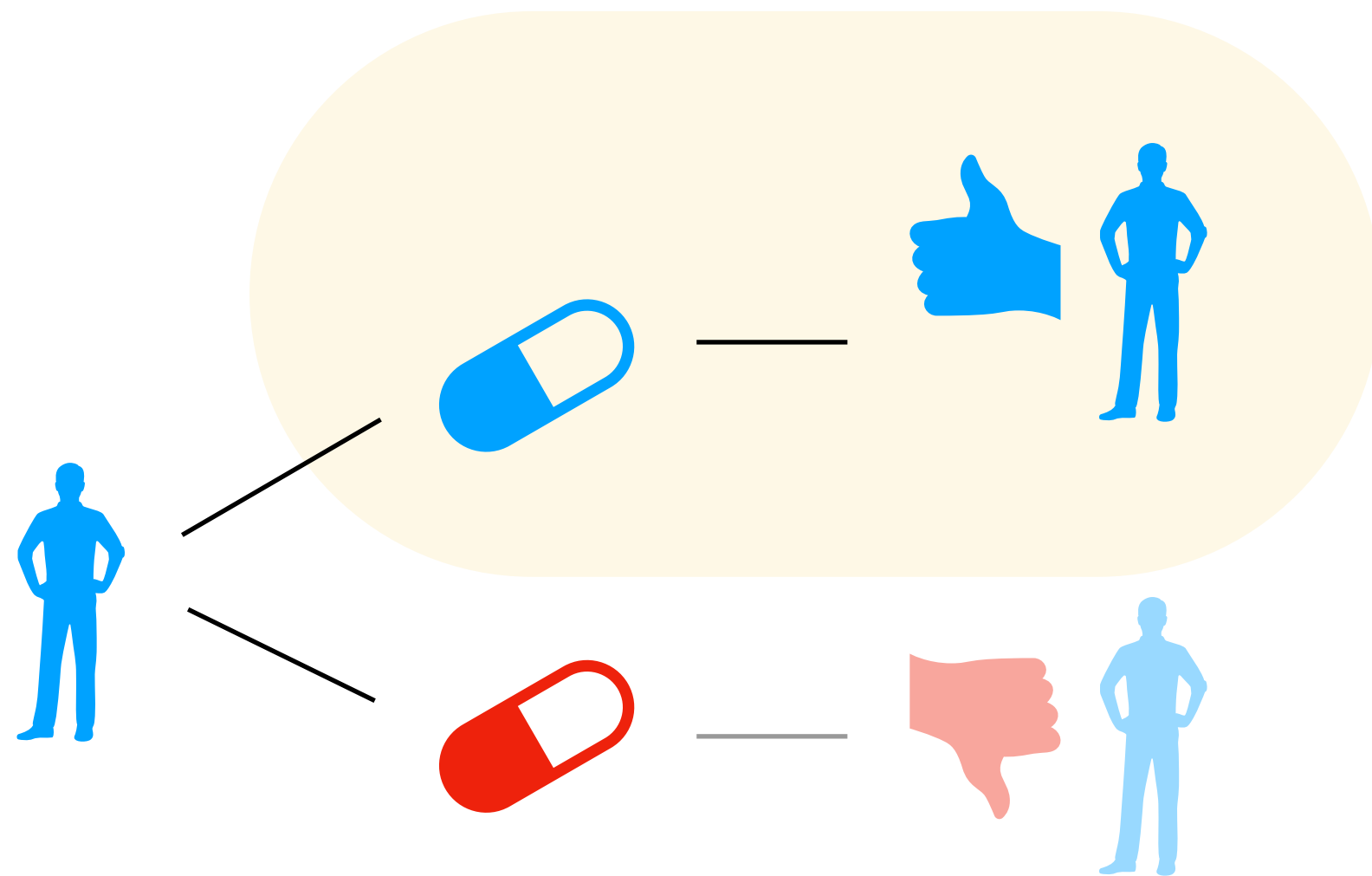
**Predictive risk models prioritize baseline risk, not optimal downstream decisions (when decisions have unknown effects).**

**What is predictive vs. interventional targeting?**

# Predictive Targeting

- Predictive risk model  
 $R(X) = P(Y = 1 \mid X)$
- Treat if  $E[Y \mid X] > t$   
(for some threshold  $t$ )

## Interventional Framework



- $Y(D), D \in \{0,1\}$  Potential outcomes
- Fundamental problem of causal inference
- Average treatment effect:  
 $ATE = E[Y(1) - Y(0)]$
- Conditional average treatment effect  
 $CATE(X) = E[Y(1) - Y(0) | X]$
- Under assumptions (omitted),  
 $ATE = E[CATE(X)]$

## Predictive Targeting

- Predictive risk model  
 $R(X) = P(Y = 1 | X)$
- Treat if  $E[Y | X] > t$   
(for some threshold  $t$ )

Treat if this person is high risk.

## Interventional Targeting

- Treat if  
 $E[Y(1) - Y(0) | X] > t$   
(for some threshold  $t$ )

Treat if treatment improves outcomes for this person.

Also called: optimal treatment regime, etc ..

## Counterfactual risk assessments

- Treat if  $E[Y(0) | X] > t$ .

## Predictive Targeting

- Predictive risk model  $R(X) = P(Y = 1 | X)$
- Treat if  $E[Y | X] > t$   
(for some threshold  $t$ )

Treat if this person is high risk.

## Interventional Targeting

- Treat if  $E[Y(1) - Y(0) | X] > t$   
(for some threshold  $t$ )

Treat if treatment improves outcomes for this person.

## Counterfactual risk assessments

- Treat if  $E[Y(0) | X] > t$ .

Differ when historical data includes prior interventions/decisions

## Predictive Targeting

- Predictive risk model  $R(X) = P(Y = 1 | X)$
- Treat if  $E[Y | X] > t$  (for some threshold  $t$ )

Treat if this person is high risk.

## Interventional Targeting

- Treat if  $E[Y(1) - Y(0) | X] > t$  (for some threshold  $t$ )

Treat if treatment improves outcomes for this person.

# Case study: Supervised release (Example 4)

$$P(Y(0) = 1 | X) \uparrow$$

Pretrial risk assessment in criminal justice

$\hat{Y}$ : Recommendation for *supervised release*

$D(\hat{Y})$ : Electronic monitoring (EM) - does judge assign EM if recommended by PSA-DMF?

$Y(D)$ : Failure to appear (FTA)  
 - does defendant fail to appear (bad!!) for court if released under EM?

Exhibit 2: Decision Making Framework

Decision Making Framework Matrix							
	NCA 1	NCA 2	NCA 3	NCA 4	NCA 5	NCA 6	
FTA 1	Release with No Conditions	Release with No Conditions					
FTA 2	Release with No Conditions	Release with PM	Release with	PSL I	PSL II		
FTA 3		Release with PM	Levels of Supervised release			PSL III with Curfew	Release Not Recommended
FTA 4		PSL I				PSL III	Release with Sheriff's EM
FTA 5		PSL I		Release with Sheriff's EM	Release Not Recommended	Release Not Recommended	
FTA 6				Release Not Recommended	Release Not Recommended	Release Not Recommended	

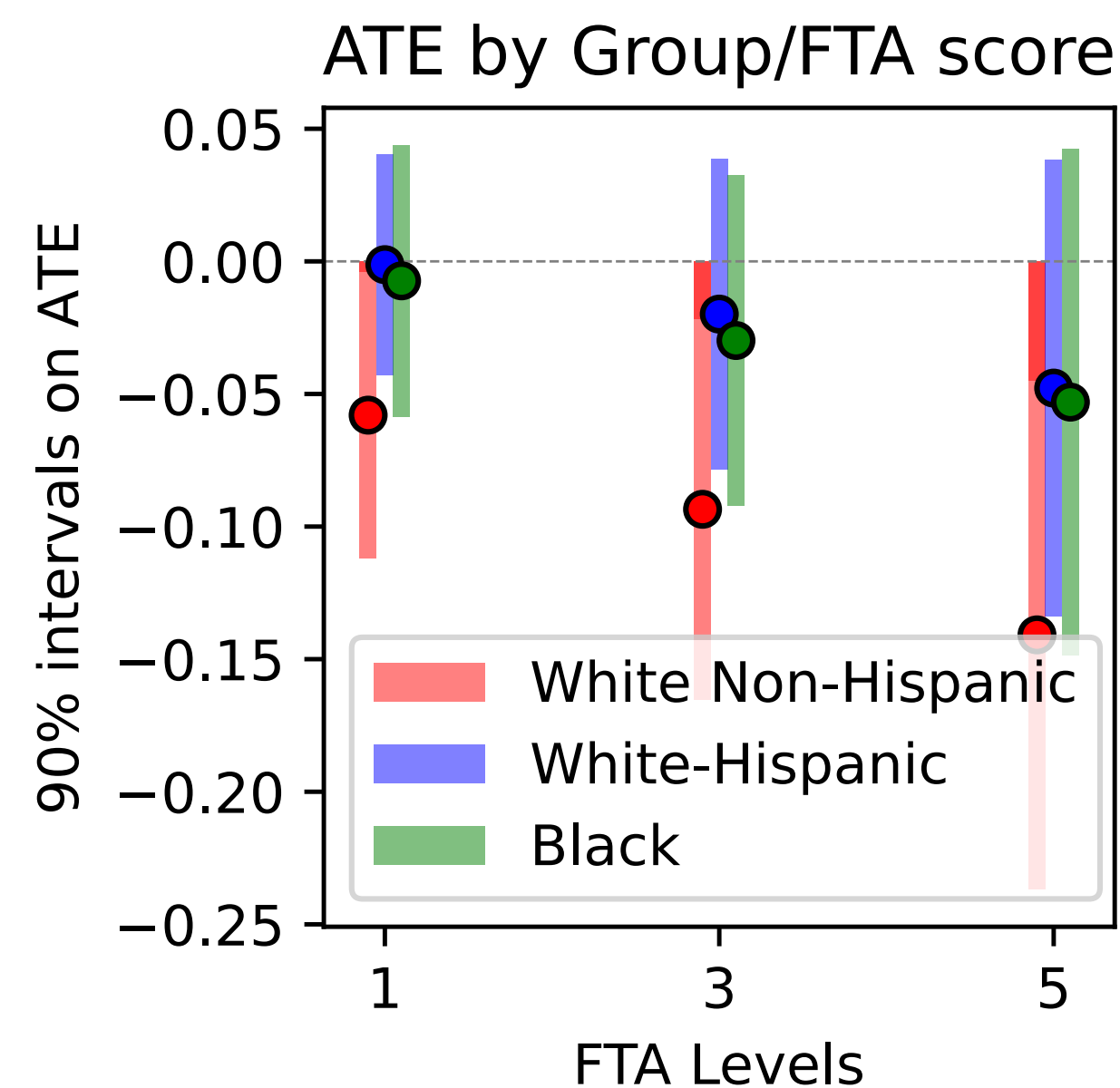
Source: Cook County Sheriff's Office, Sheriff's Justice Institute, *Central Bond Court Report*, April 2016, p. 7, [https://www.chicagoreader.com/pdf/20161026/Sheriff\\_s-Justice-Institute-Central-Bond-Court-Study-070616.pdf](https://www.chicagoreader.com/pdf/20161026/Sheriff_s-Justice-Institute-Central-Bond-Court-Study-070616.pdf)

PSA-DMF

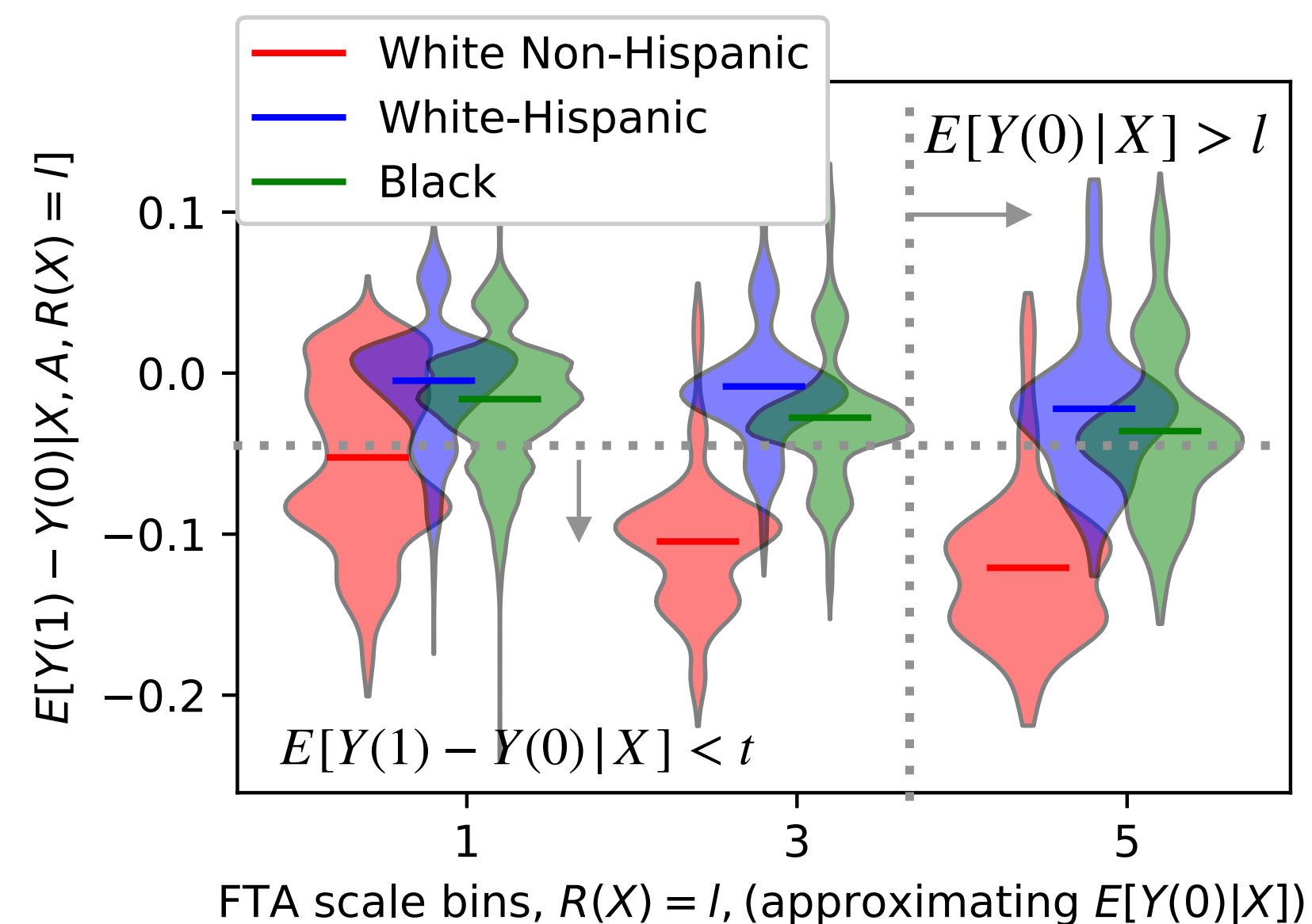
\*(Coarsened) data from Chicago

Causal impact of **electronic monitoring** (EM) on reducing FTA

Heterogeneity: EM could mean *burdensome surveillance* (paying for EM, losing job)



Average treatment effect (90% confidence intervals) for different groups, stratified by FTA risk.

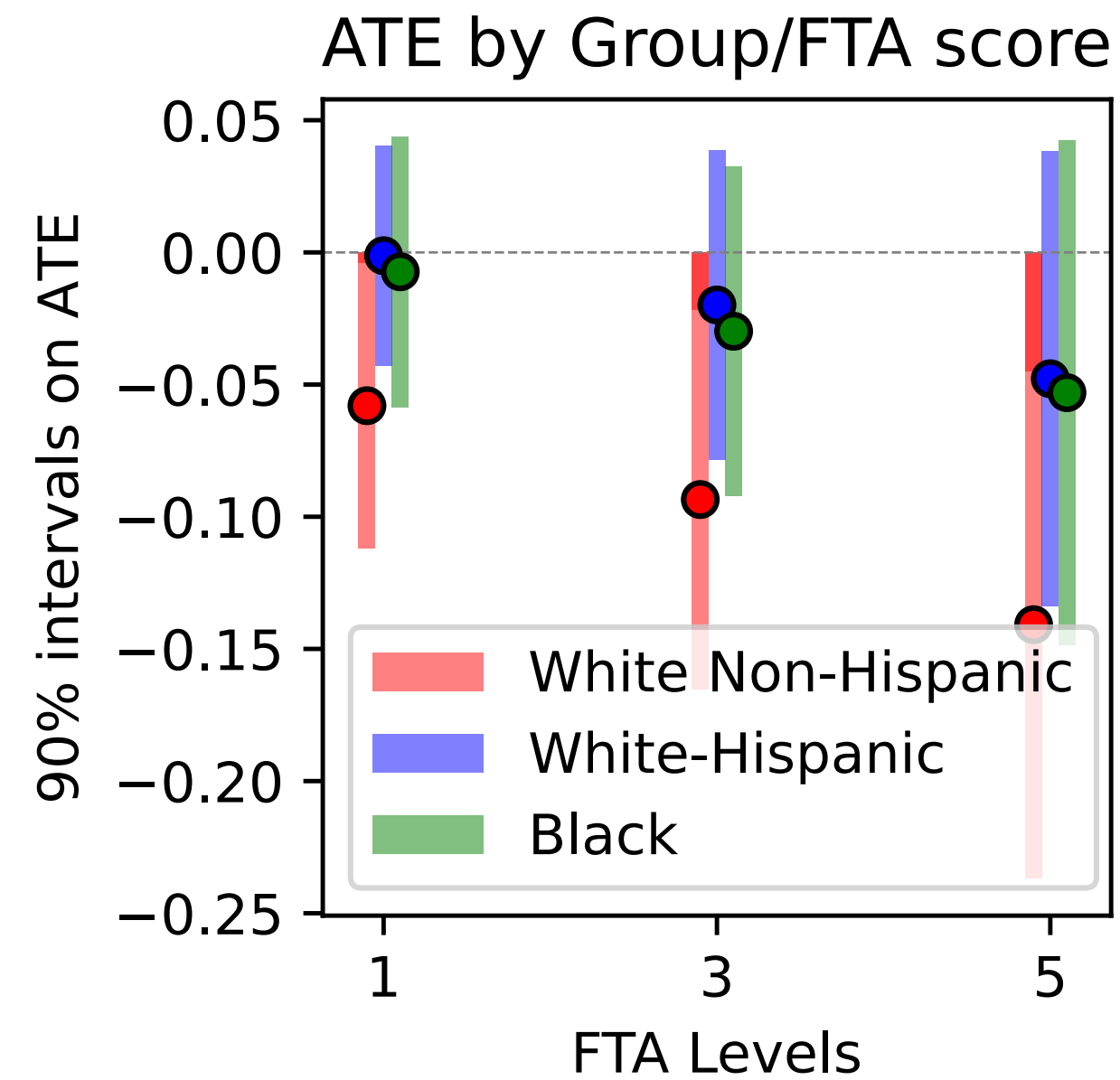


Distribution of heterogeneous treatment effects by group, stratified by FTA risk.

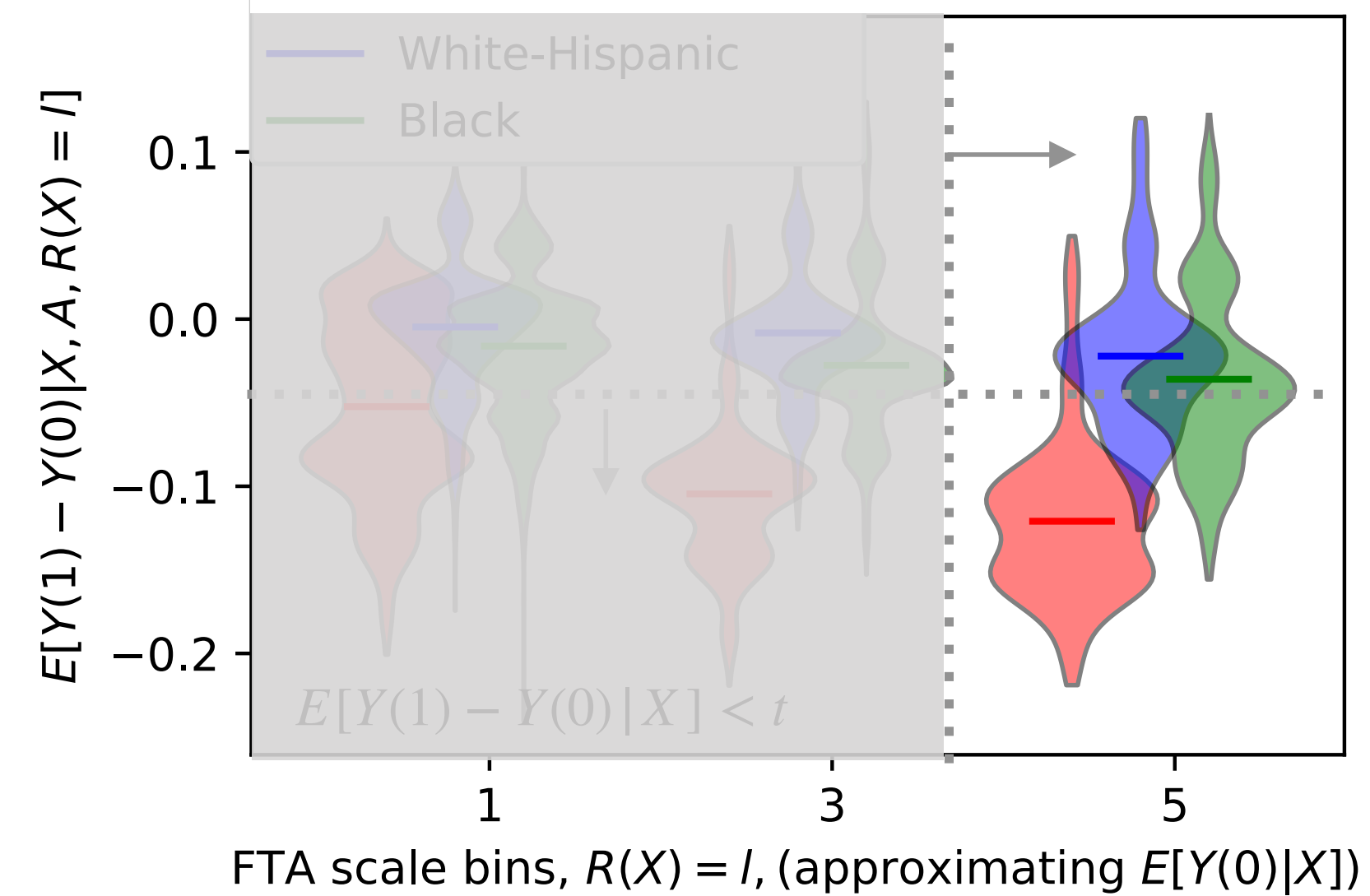
\*Treatment appears more beneficial (under assumptions) for white vs. black/Hispanic

\* Black/Hispanic receives supervision at higher rates

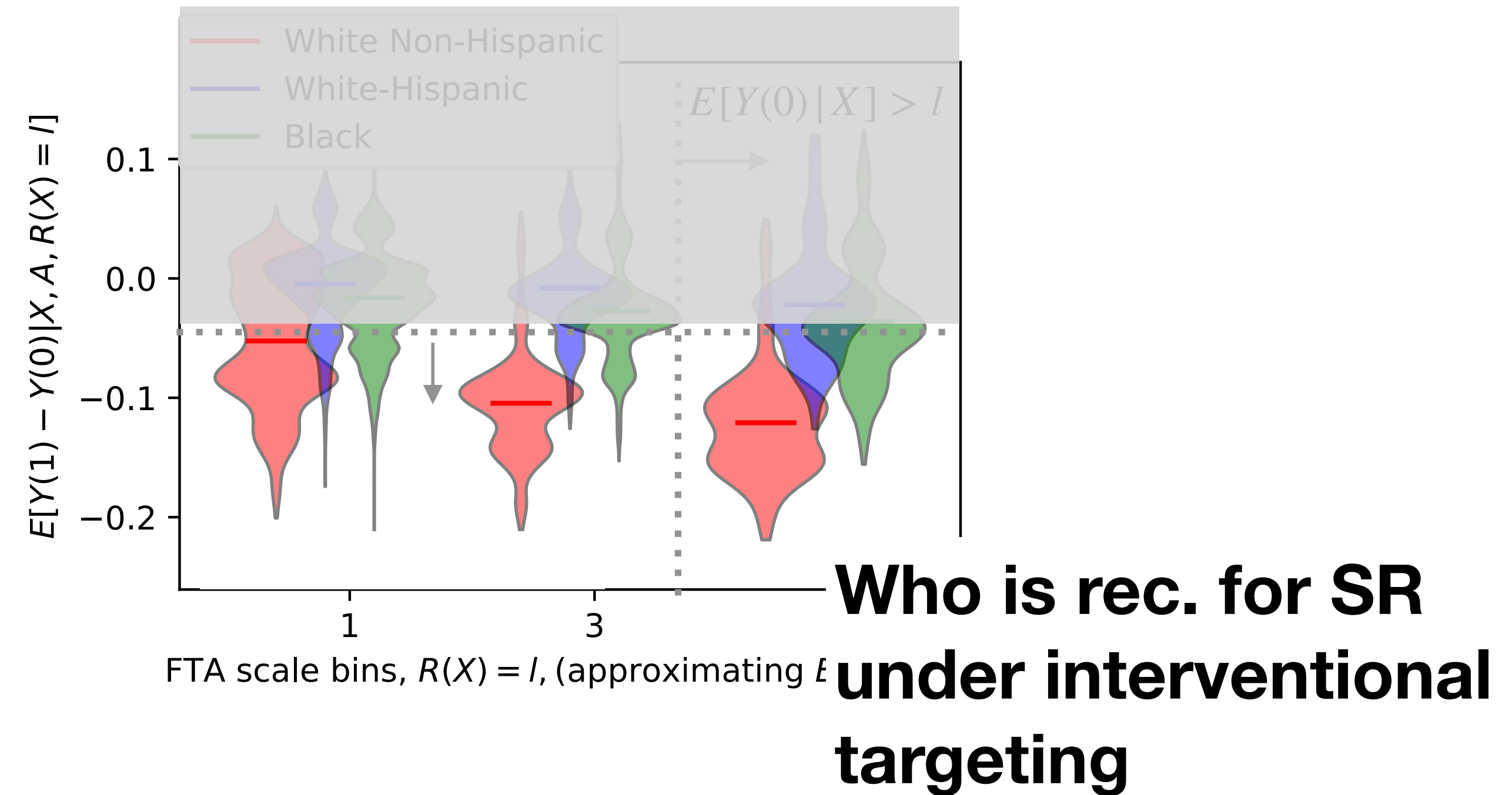
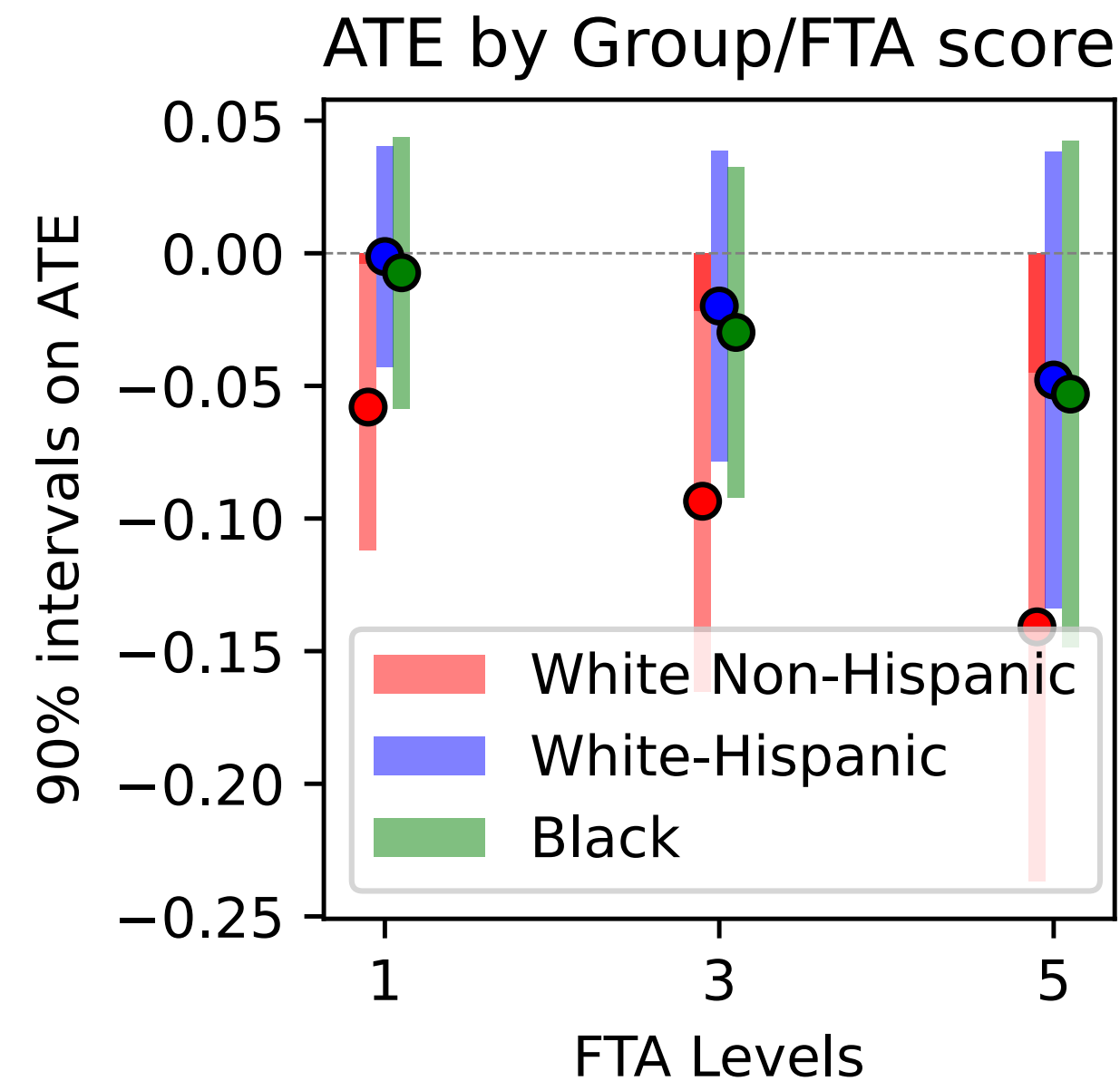
# Who is recommended for SR under predictive targeting for FTA risk ( $\hat{Y} = 1$ )



Average treatment effect (90% confidence intervals) for different groups, stratified by FTA risk.



Distribution of heterogeneous treatment effects by group, stratified by FTA risk.



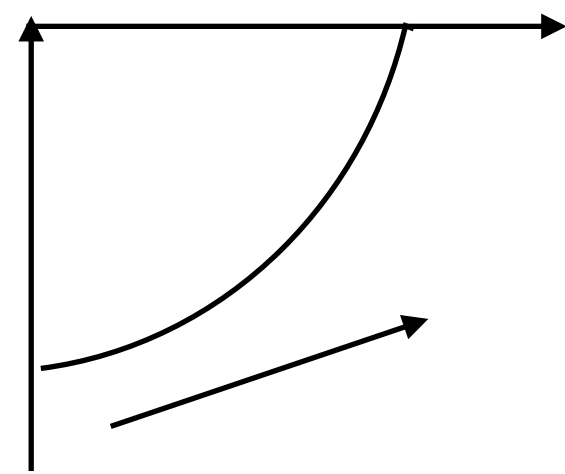
\*Treatment appears more beneficial (under assumptions) for white vs. black/Hispanic

\* **Black/Hispanic receives supervision at higher rates (Surveillance disparities that are suboptimal for population outcomes)**

# Optimizing for causal improvement can find Pareto-improving fairness improvements upon status quo

$|\lambda|$  increasing from 0

Population Costs  
 $E[c_y Y(\pi) + c_t T(\pi)]$



Burden Disparity

$$E[T(\pi) | A = a] - E[T(\pi) | A = b]$$

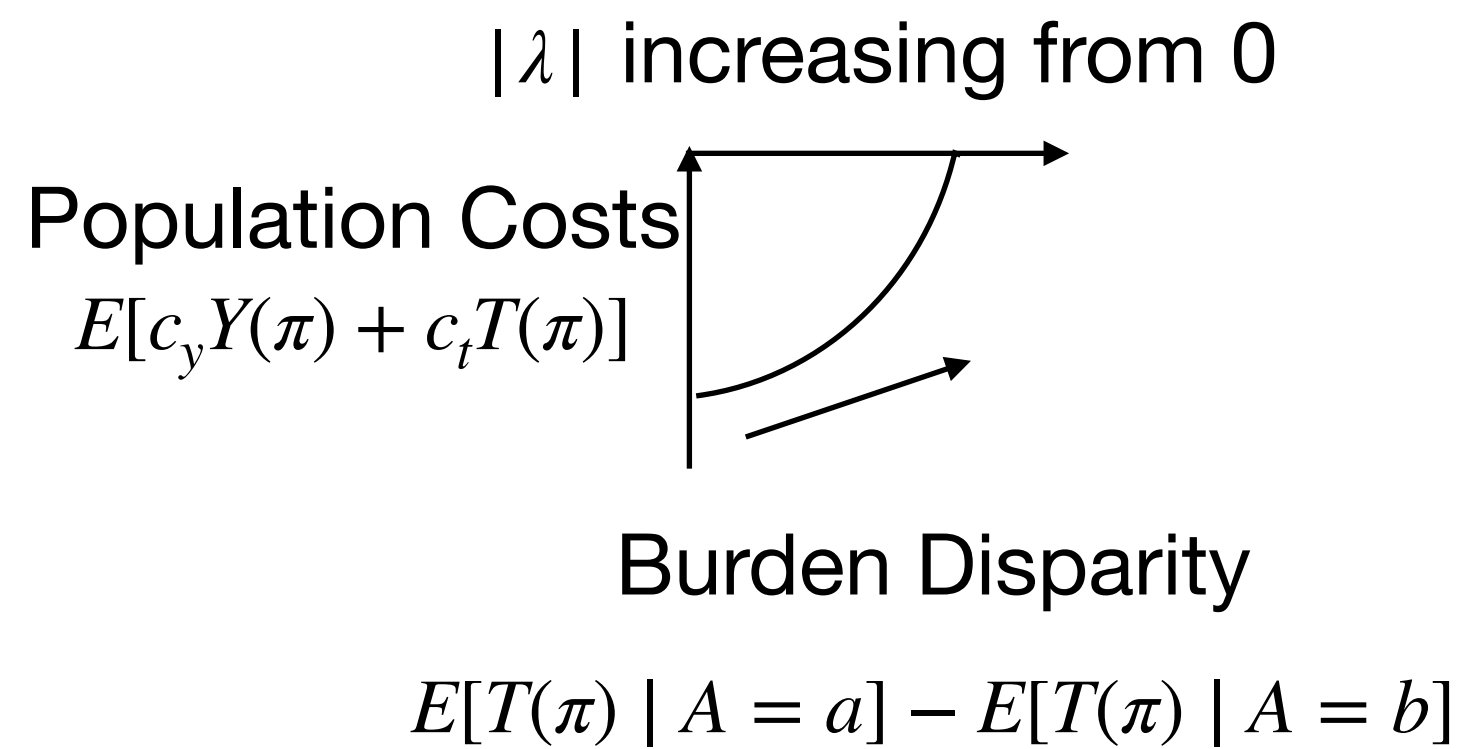
**Minimize population costs**

$$\min E[c_y Y(\pi) + c_t T(\pi)]$$

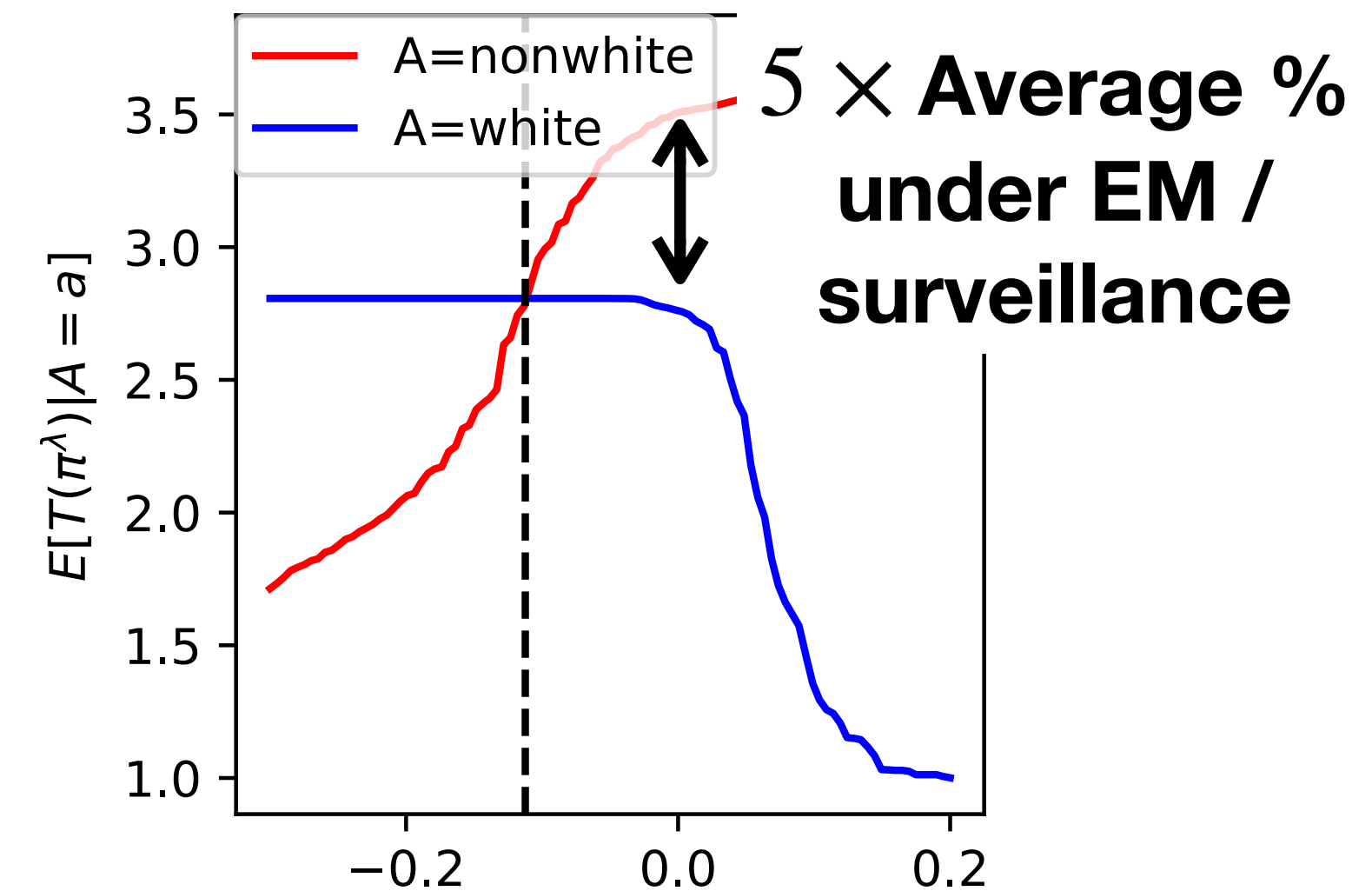
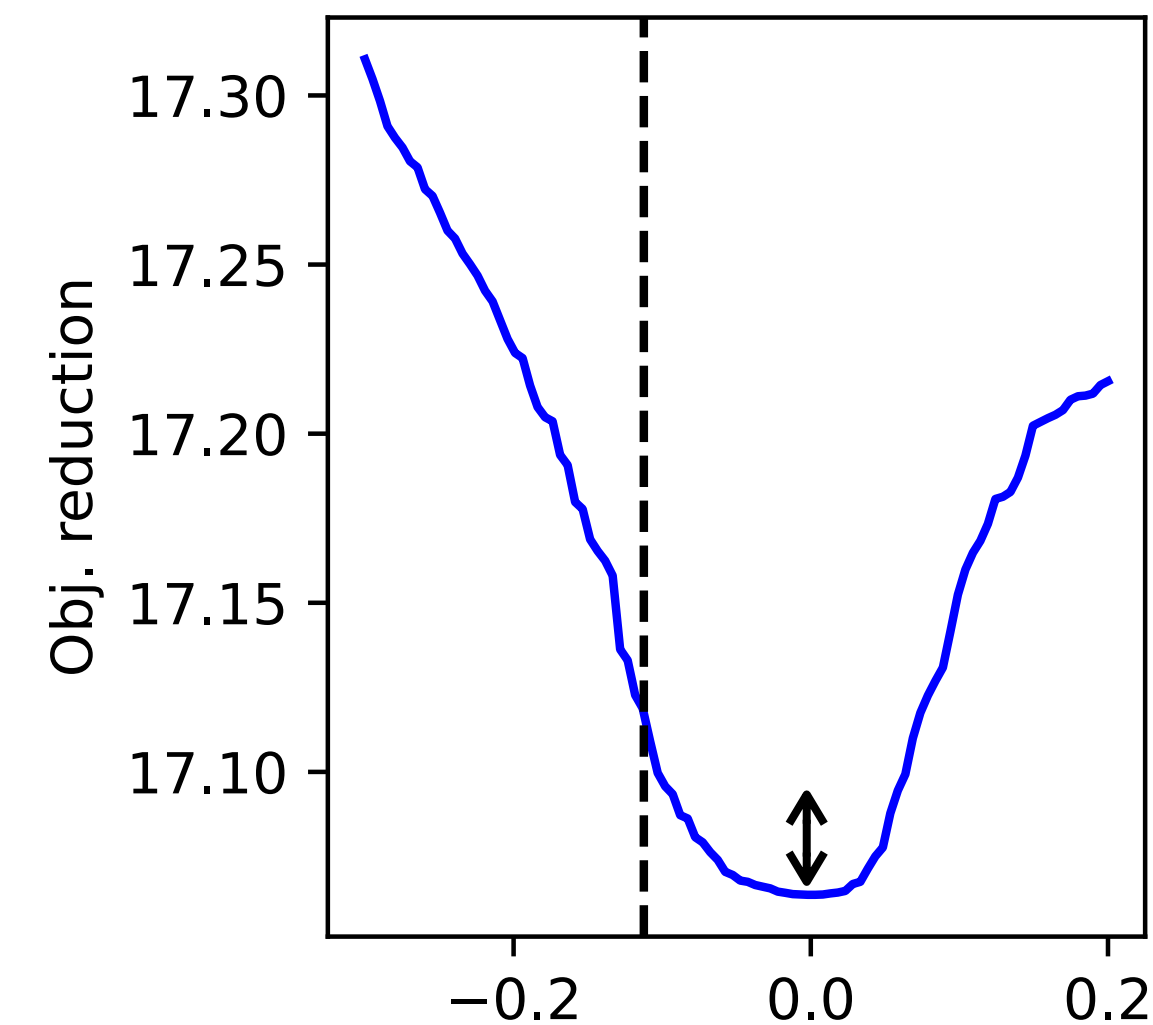
$$\mathbf{s.t.} \quad E[D(\pi) | A = a] - E[D(\pi) | A = b] = 0$$

**Eliminate surveillance disparities**

# Optimizing for causal improvement can find Pareto-improving fairness improvements upon status quo



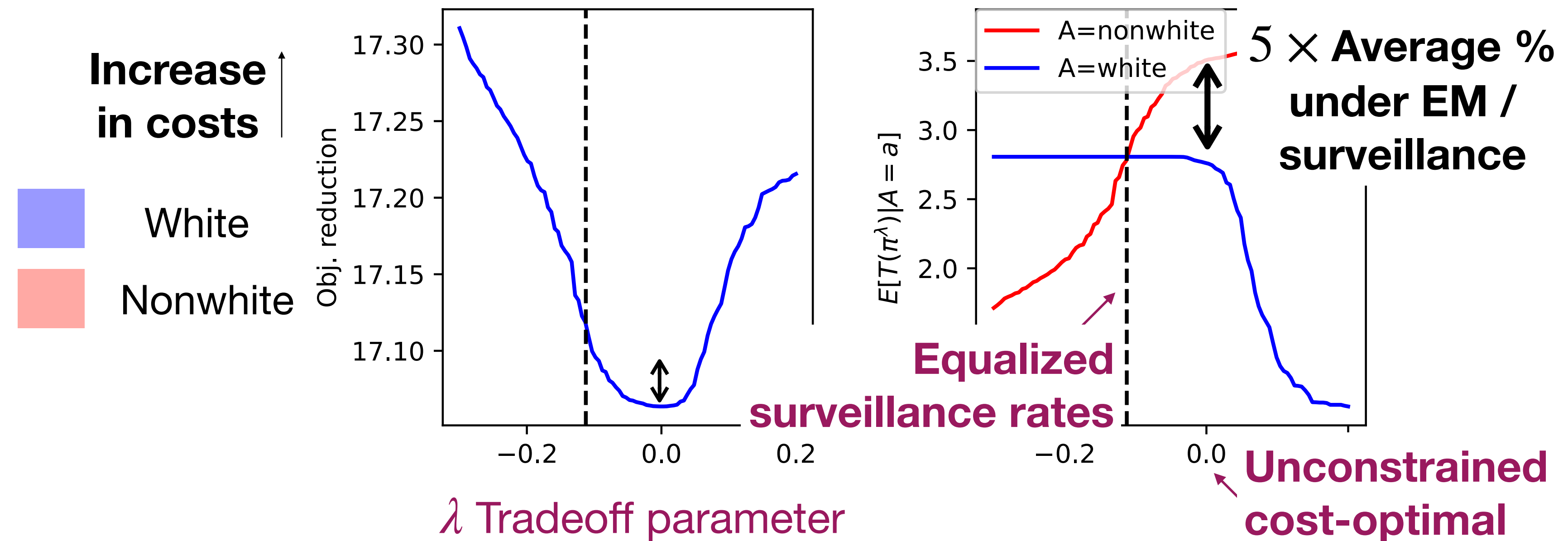
Minimizing costs with FTA:EM costs 20:1 ( $c_y/c_t = 20$ ),



**20% relative reduction in EM (surveillance) disparities  
for 0.05% relative increase in FTA**

# Optimizing for causal improvement can find Pareto-improving fairness improvements upon status quo

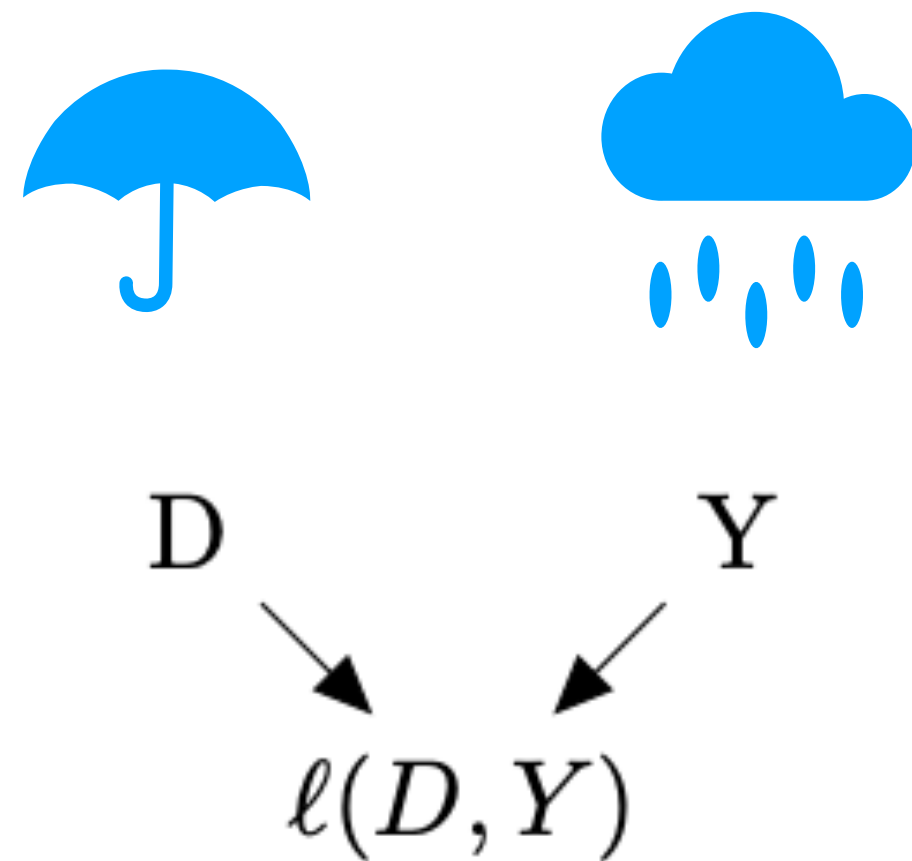
Minimizing costs with FTA:EM costs 20:1 ( $c_y/c_t = 20$ ),



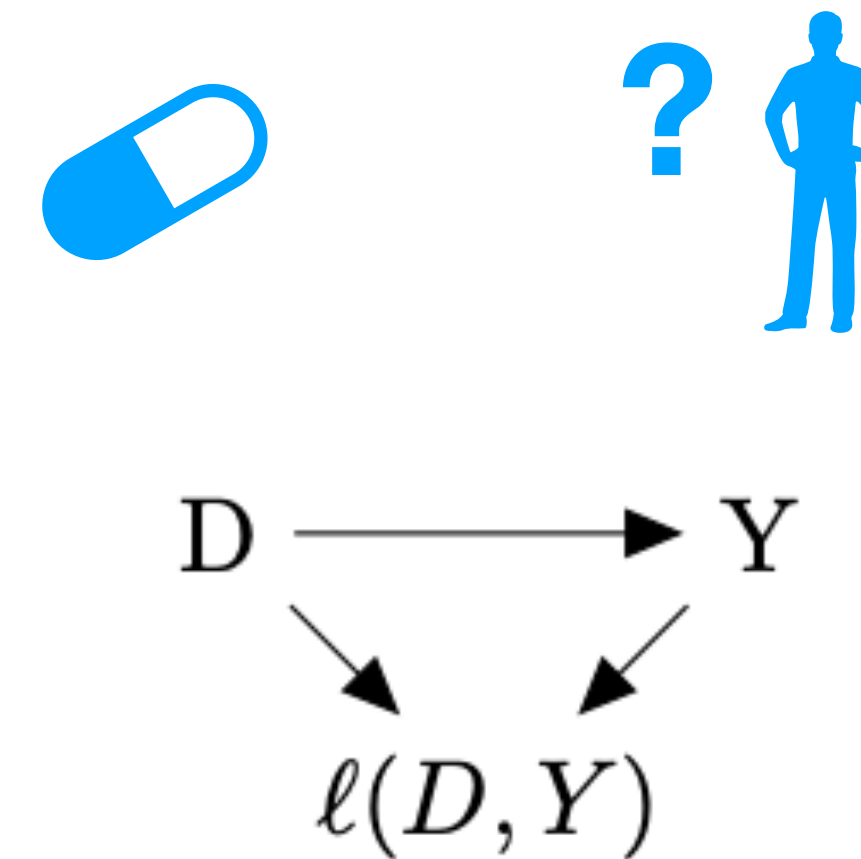
20% relative reduction in EM (surveillance) disparities  
for 0.05% relative increase in FTA

# “When do we use which problem formulation?”

Depends on how organizations benefit/suffer from how predictions inform decisions and outcomes



(a) Can re-evaluate loss function on historical data under counterfactual decisions.



(b) Causal estimation required. Corresponds to learning eq. ([optimal treatment policy](#)) if  $\ell(D, Y) = Y(D)$ , i.e., loss/welfare is the potential outcome.

# Your turn

Where have you seen predictive vs. interventional opportunities or gaps?

[tinyurl.com/ads-pred-int-index](https://tinyurl.com/ads-pred-int-index)

	<i>X</i>	<i>D</i>	<i>Y</i>	<i>ADS aporia</i>
<b>Housing</b>	Housing history, demographics, Health / social factors	Which level of supportive housing, if any	Re-entry within two years	<ul style="list-style-type: none"><li>- VI-SPDAT adopted because HUD mandated prioritization guidelines &amp; it was available</li><li>- Efficiency vs. equity</li></ul>

Scan me~



## 2: Evaluation Science

“How do we evaluate a predictive ADS in a broader decision-making system?”

- Evaluating **predictions** (e.g. Benchmarking)
- Evaluating **decisions** (e.g. Lab Studies)
- Evaluating **actions & interventions** (e.g. Field Experiments)

## ***Evaluation Science:***

# **What does it mean for machine learning to “work”?**

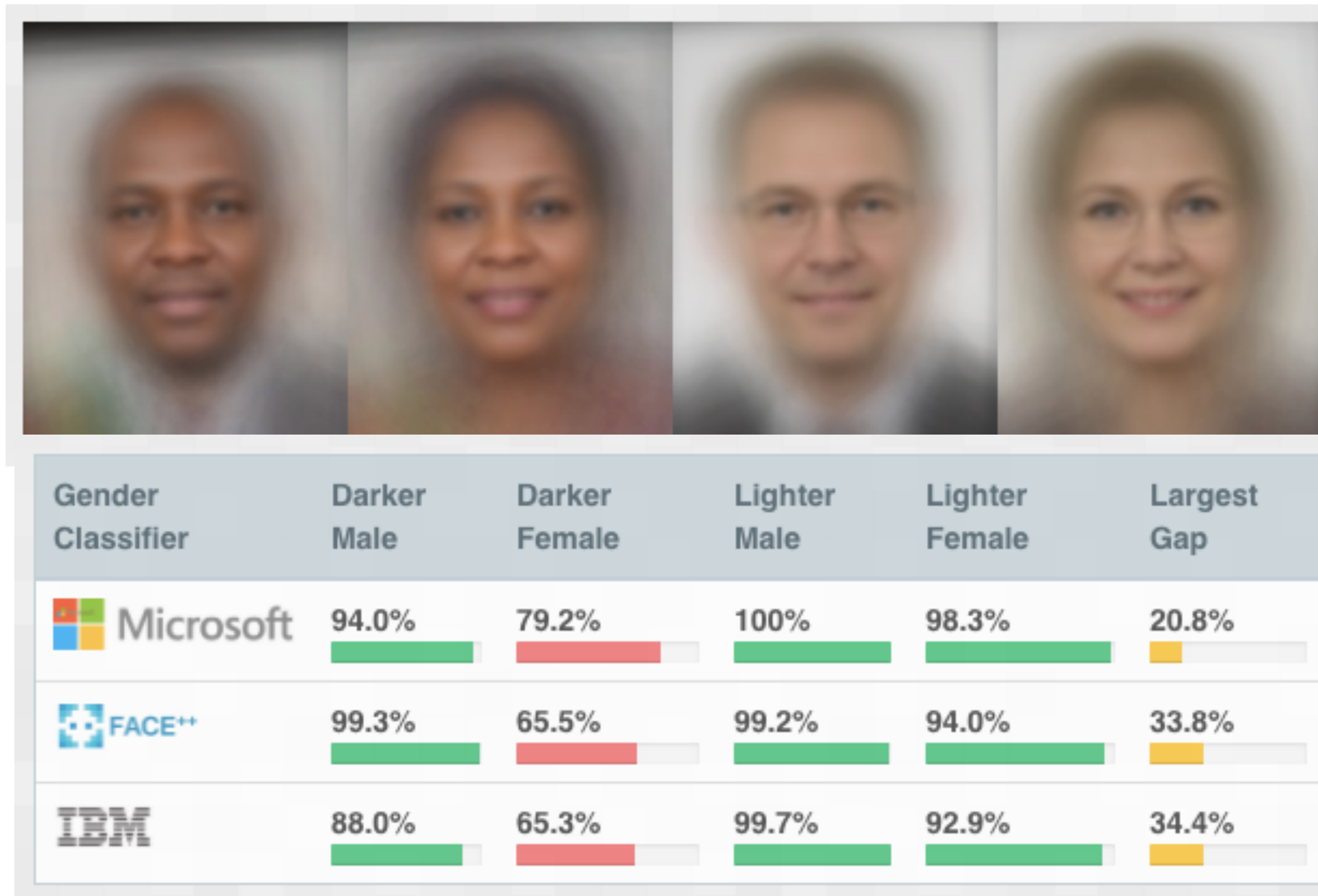
**Tempting answer: any model that accurately “solves” its prediction problem!**

**Facial Recognition → Mis-identification**

**Public Benefits Risk Assessment (SIS) → Mis-classification**

**Large Language Models → “hallucination”, mis-representation**

# Evaluating Predictions: Benchmarking



(Boulamwini & Gebru, 2018; Raji & Boulamwini, 2019)

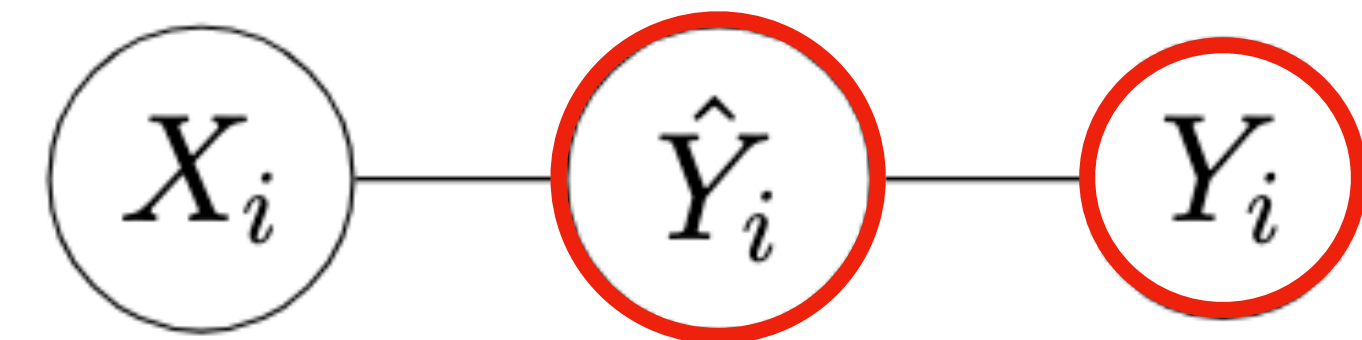


Figure 1: Benchmark Evaluation Paradigm

(Raji & Liu, 2025)

- \* What makes a good benchmark?
- \* How can we identify and benchmark for minority populations of  $x_i$  ?

***Evaluation Science:***

**Existing studies imply our integrated framework**

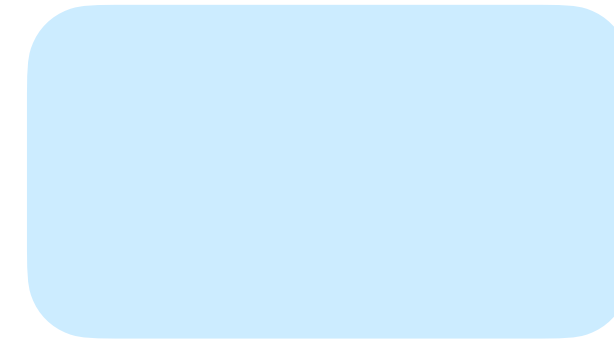
$X$       $R/\hat{Y}$       $Z$       $D$       $Y$

**Benchmarking studies of  
COMPAS, Propublica, ..**

**Causal studies of how  
pretrial detention  
changes outcomes**

$X$        $R/\hat{Y}$        $Z$        $D$        $Y$

**Benchmarking studies of  
COMPAS, Propublica, ..**



*Prediction* (*ML / Algorithmic Accountability*)



*Intervention* (*Program evaluation*)

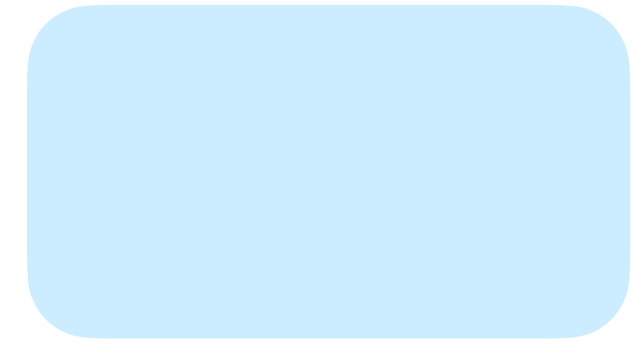
*HCI*

**Causal studies of how  
pretrial detention  
changes outcomes**

$X$     $R/\hat{Y}$     $Z$     $D$     $Y$

Benchmarking studies of COMPAS,  
Propublica analysis, ..

.....*Selection bias:*.....  
 $D = 1$



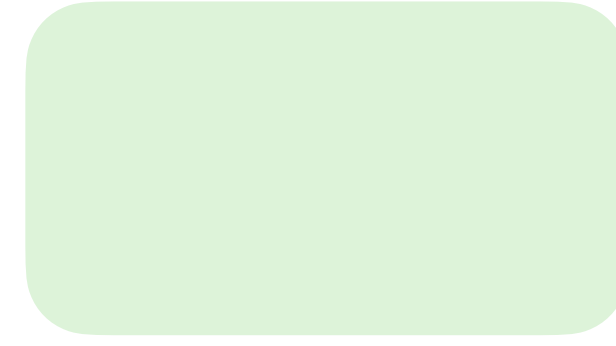
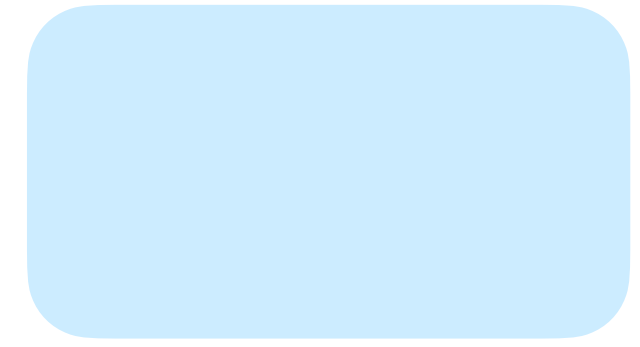
*Label bias:*  
Arrests or  
crime?

$X$        $R/\hat{Y}$        $Z$        $D$        $Y$

Benchmarking studies of COMPAS,  
Propublica analysis, ..

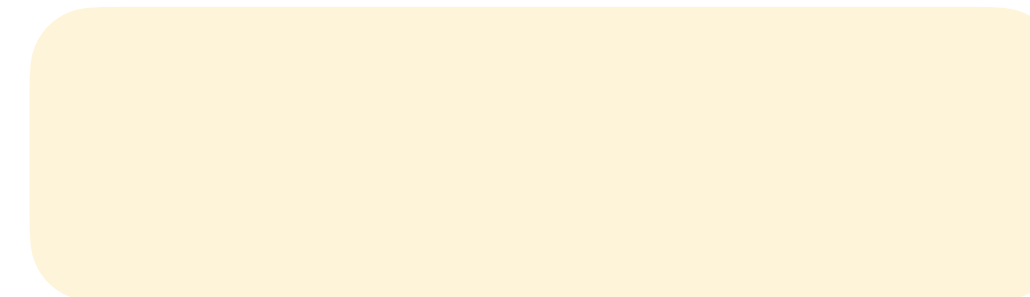
.....

How RAIs change  
decisions and when



$X$     $R/\hat{Y}$     $Z$     $D$     $Y$

Before-after comparisons of how *deploying RAIs* changes decisions



Albright 2019,  
Green and Chen 2019

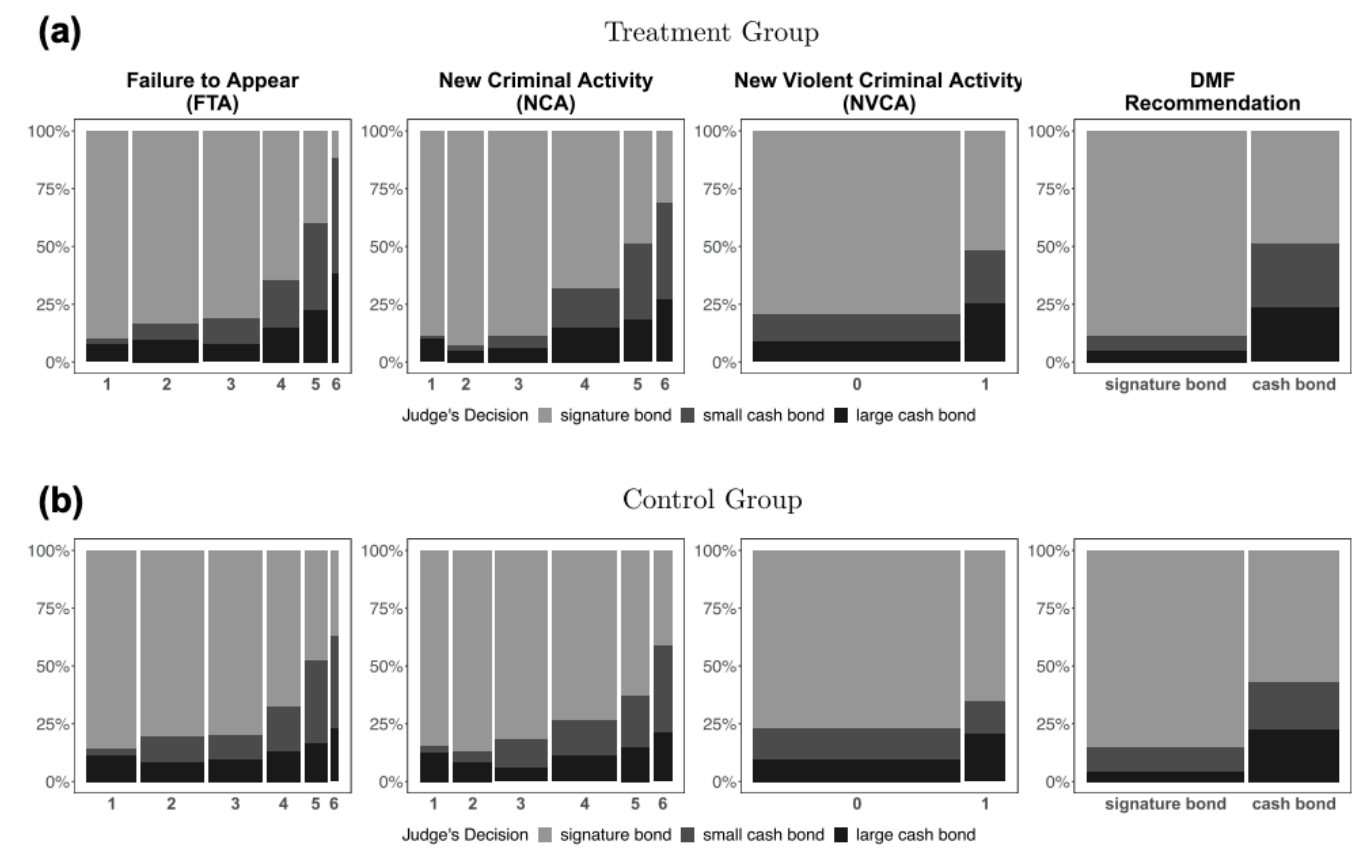
Prediction status: Defendant 7 of 25 [Reference the Tutorial](#)

**Defendant Profile**  
Defendant #7 is a 18 year old Black male. He was arrested for a violent crime. The defendant has previously been arrested 2 times. The defendant has previously been released before trial, and has never failed to appear. He has never previously been convicted. The risk score algorithm predicts that this person has a 20% chance to be arrested before trial or fail to appear in court.

**Make a Prediction**  
How likely is this defendant to be arrested before trial or fail to appear in court for trial?

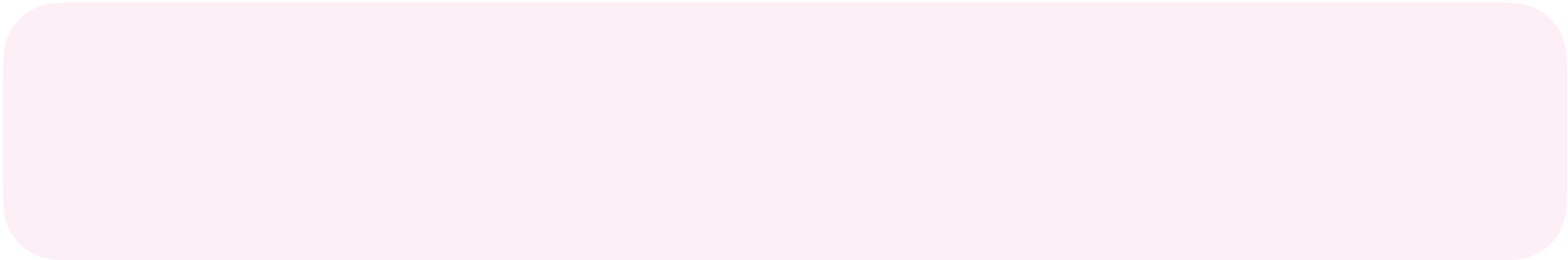
0%    10%    20%    30%    40%    50%    60%    70%    80%    90%    100%

$X$       $R/\hat{Y}$       $Z$       $D$       $Y$



**Figure 1.** The distribution of the Judge's Decisions given the Pretrial Public Safety Assessment (PSA) among the Cases in the Treatment (Top Panel) and Control (Bottom Panel) Groups. There are three PSA scores, two of which are ordinal—FTA and NCA—while the other is dichotomous—NVCA. The judge's decision is coded as a three-category ordinal variable based on the type and amount of bail: a signature bond, a small cash bond (less than \$1,000), and a large cash bond (greater than or equal to \$1,000). The DMF recommendation is presented as a binary variable: signature or cash bond. The width of each bar is proportional to the number of cases for each value of the corresponding PSA score. There exists a positive correlation between PSA scores and the severity of the judge's decisions in both treatment and control groups. (a) Treatment group. (b) Control group.

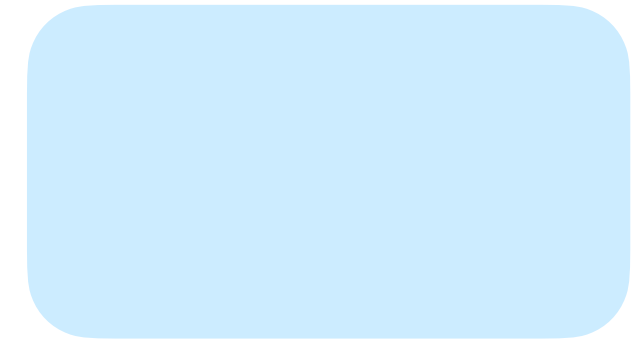
RCTs of how RAIs change decisions and outcomes



Ben-Michael et al 2025,  
Imai et al 2023

$X$        $R/\hat{Y}$        $Z$        $D$        $Y$

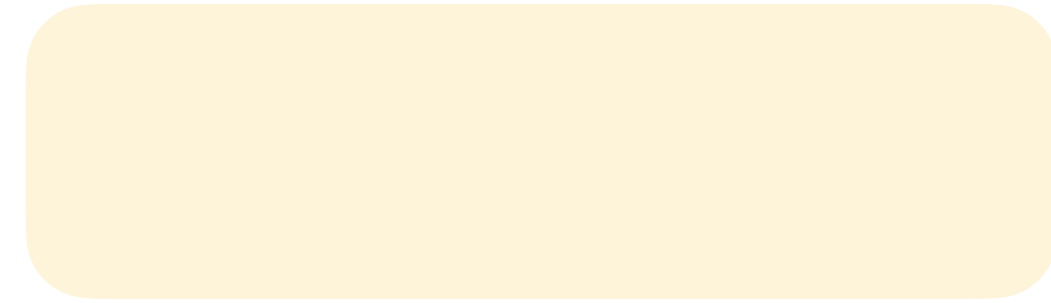
Benchmarking studies of COMPAS,  
Propublica analysis, ..



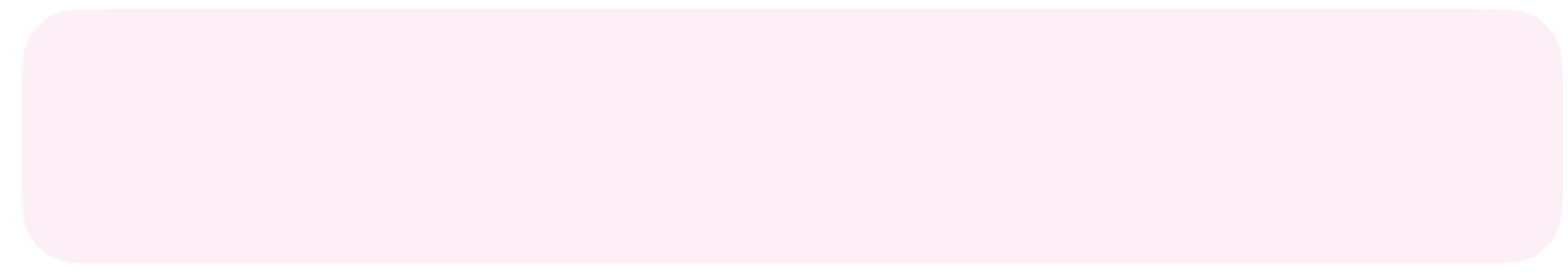
How RAIs change  
decisions and when



Before-after comparisons of how  
*deploying RAIs* changes decisions



RCTs of how RAIs change  
decisions and outcomes



Causal studies of how pretrial  
detention changes outcomes



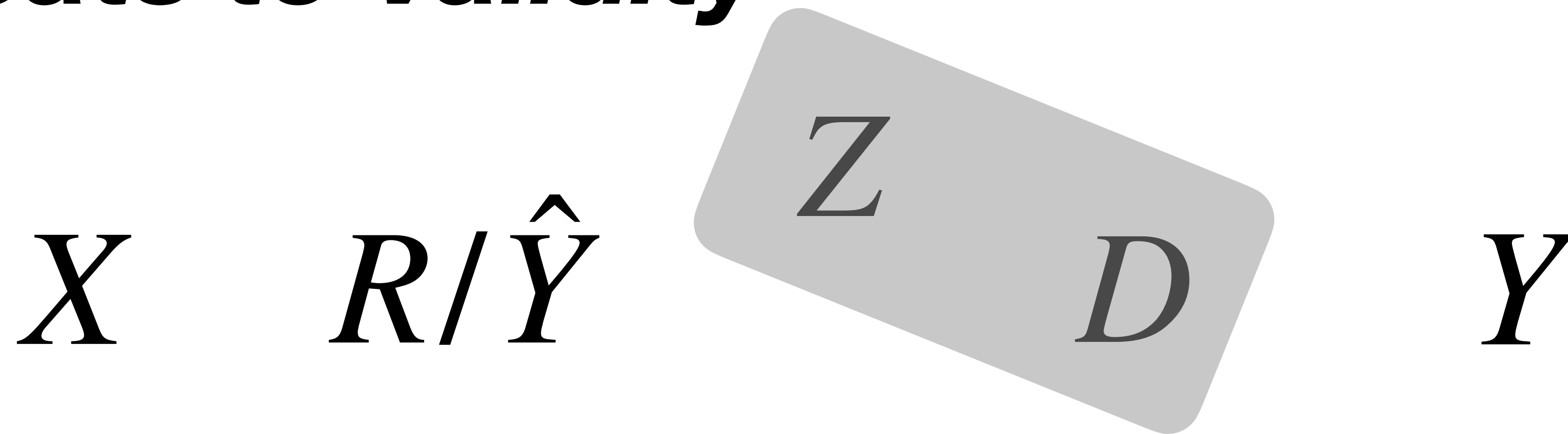
Koppel et al,  
2024

***Evaluation Science:***

***Looking backwards,***

***Historical decisions threaten evaluation validity***

# *Threats to Validity*



- Organizations are always trying to improve outcomes  
 $\implies$  distribution of  $D$ ,  $Y(D)$  shifts (zombie predictions)
- Decisions censor outcomes: Selective labels (Lakkaraju et al.)
- Organizational decision-making introduces “spurious correlations”  
E.g. in healthcare, Caruana et al.: asthma correlated with *lower risk pneumonia*, but because asthmatic patients admitted to ICU and receive better care ( $D$ )

## ***Evaluation Science:***

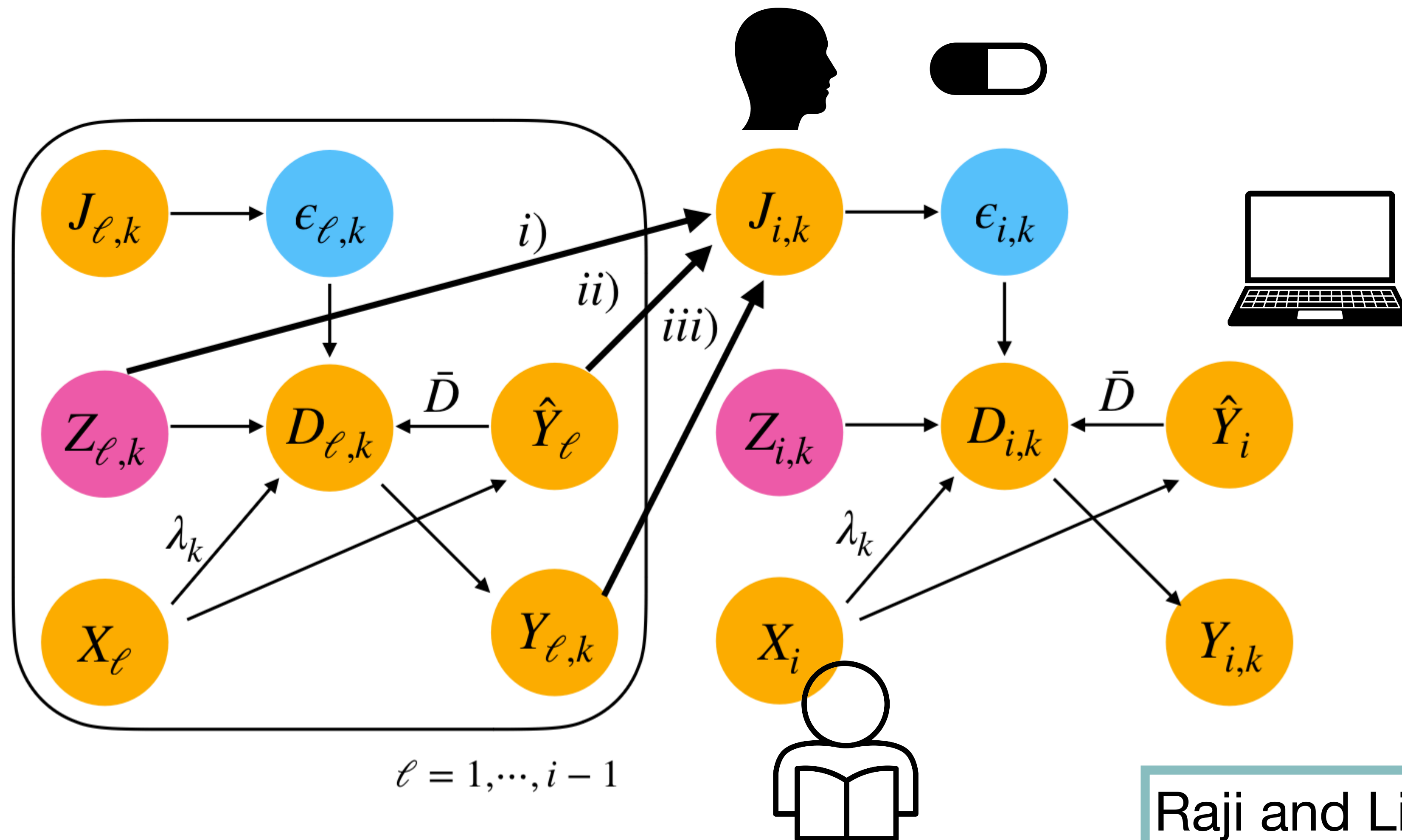
***Looking forwards,***

**ADS should not be evaluated on predictive accuracy alone,**

**but how they impact downstream decisions and outcomes**

# Experimental evaluations with human decision makers

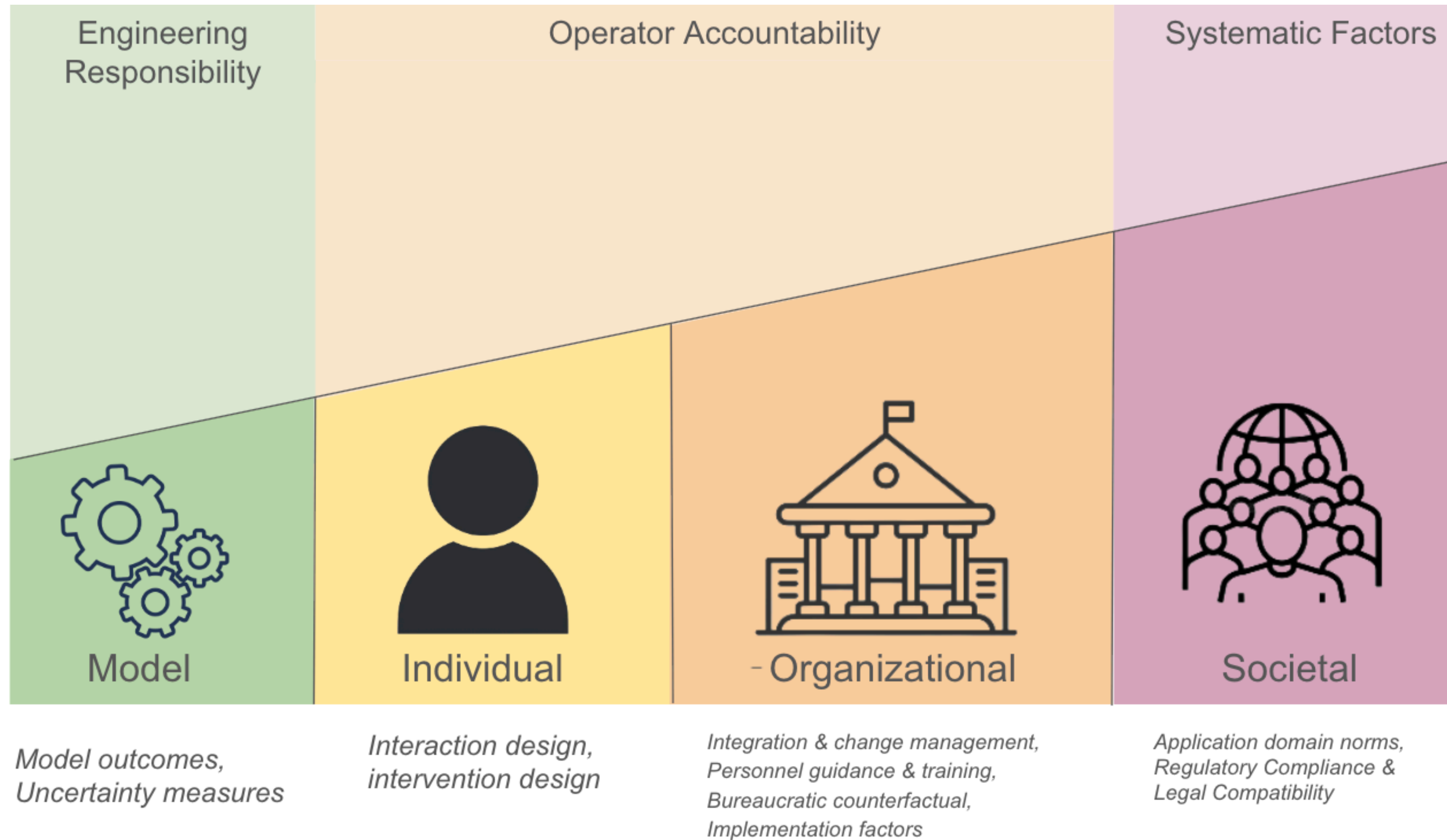
*i), ii), iii) result in interference between units (decision subjects)*



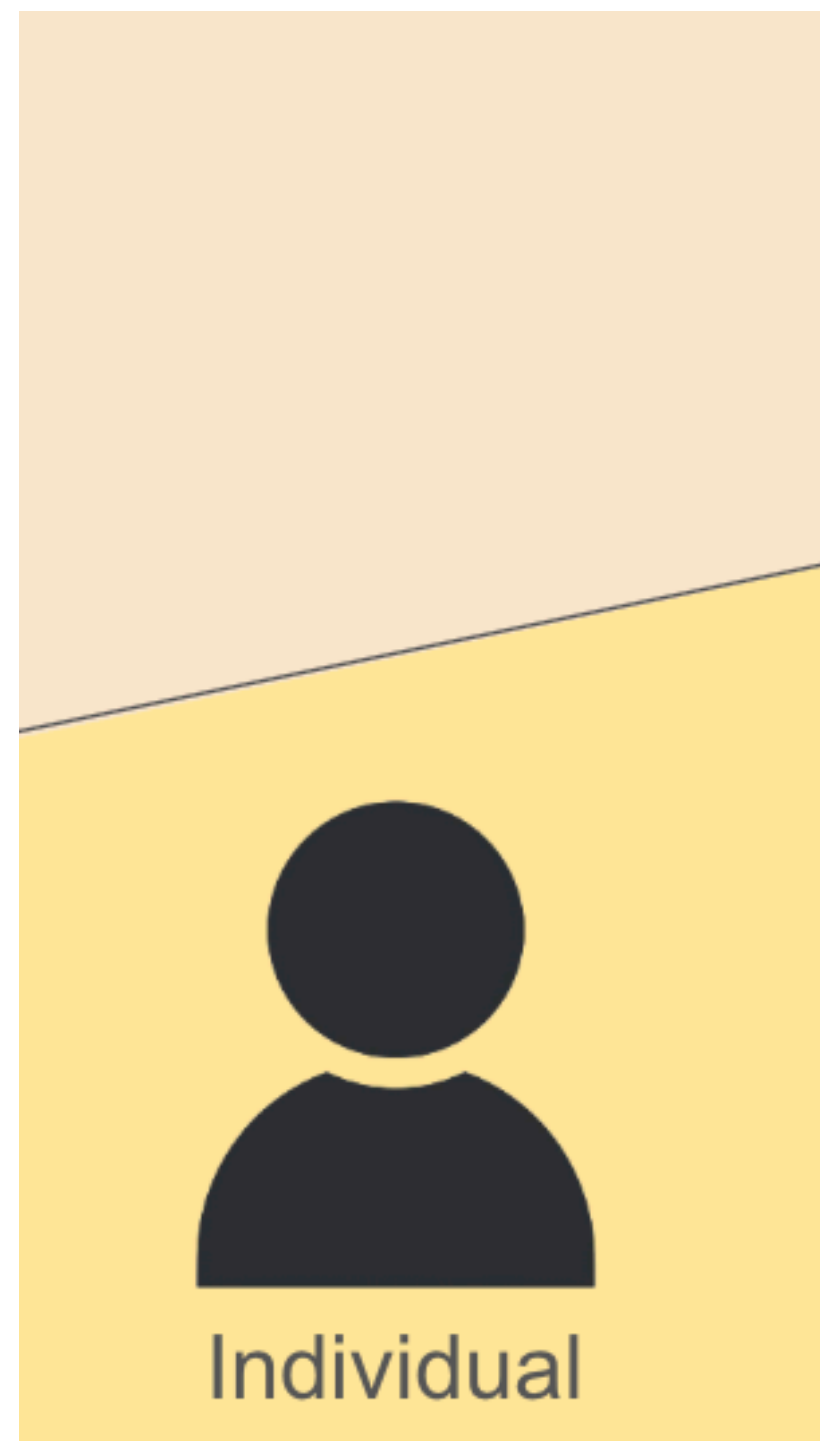
# **3: Implementation Science**

Towards a systematic study of methods and strategies that support the integration and sustained use of evidence-based ADS in real-world settings.

# Implementation is part of the intervention



# Individual Deployment Context



## *Interaction Design*

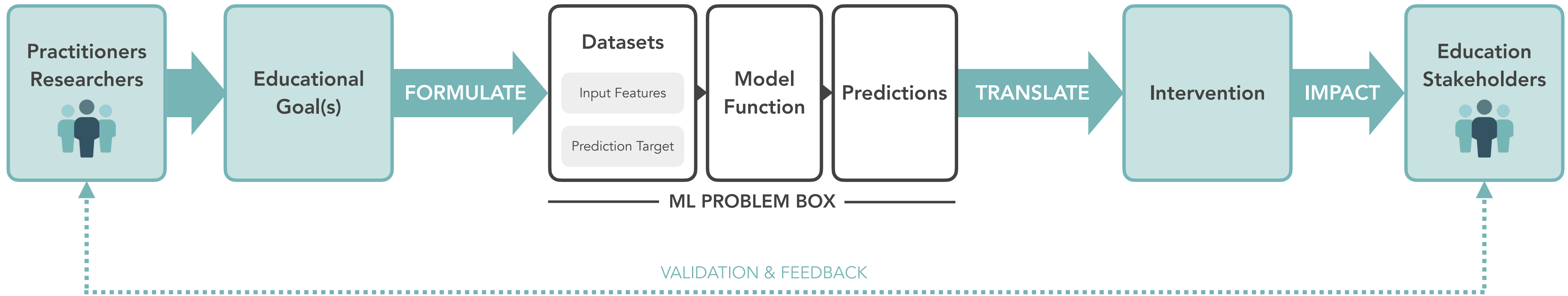
- What information does the human decision maker have (vs. model)?
- Does human need to retain control of final decision?

## *Intervention Design*

- Are the interventions effective?
- Are the interventions personalized by the human or standardized?

# Interventions in the AI/ML life cycle in Education

PROPOSED EXTENDED ML LIFE CYCLE



**“Reimagining the Machine Learning Life Cycle to Improve Educational Outcomes of Students”**  
L.T. Liu, Serena Wang, Tolani Britton, Rediet Abebe. PNAS, 2023.

# AI can Predict, but Advisors Guide and Intervene

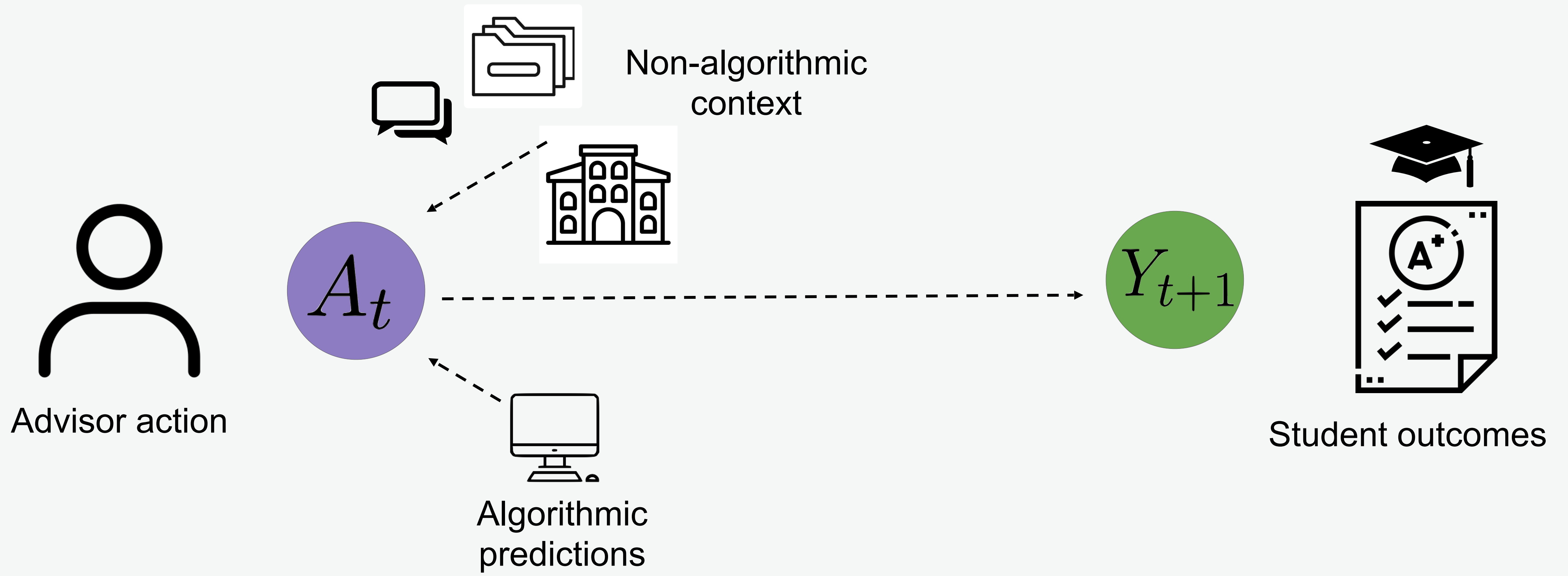
- Risk prediction systems could add value if they were designed with the teacher's (or advisor's) partnership in mind.
- Human expertise: Advisors “fill in the gaps for students” to help them “envision a pathway” from a relatively vague conversation.

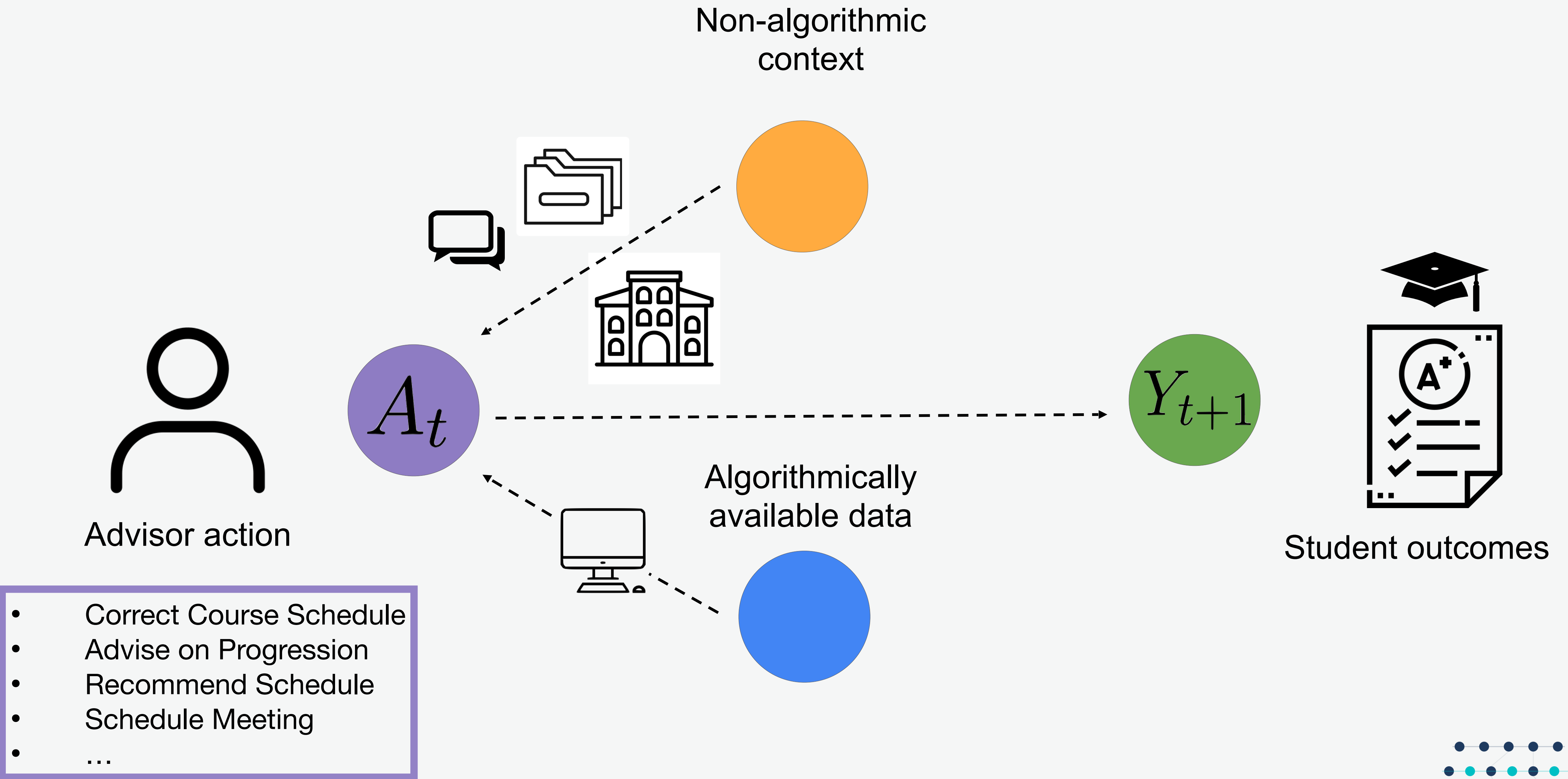
*P9: “That sounds great. I had no idea what an occupational therapist even was.”*

*P9: “We have respiratory therapy, or we have nutrition, ...all these other healthcare disciplines that might allow you to help people, to work in healthcare, and to get a job, which [are] [...] three boxes you said you wanted to check.”*

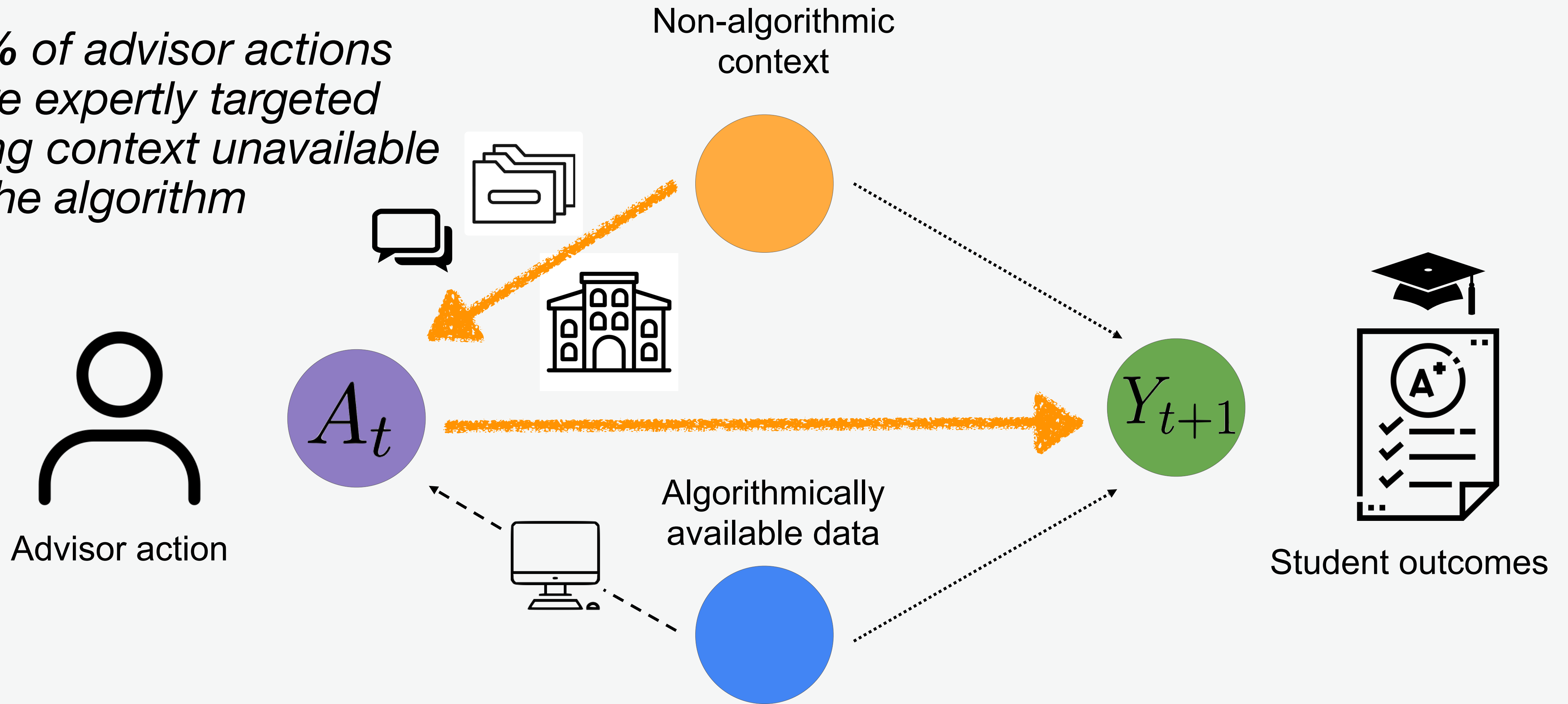
*P9: “You're not going to be a nurse, sorry, like, good luck”*







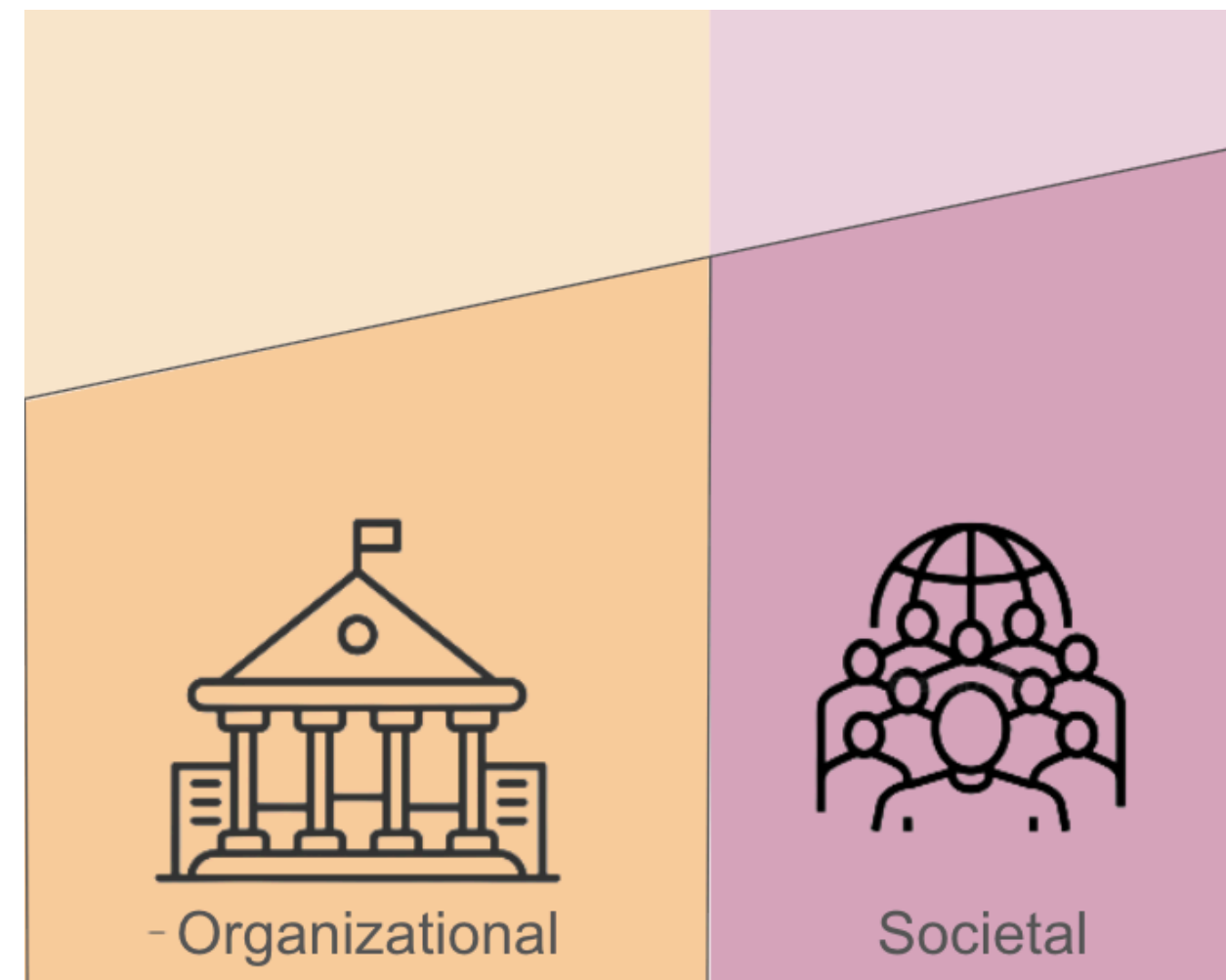
*66% of advisor actions were expertly targeted using context unavailable to the algorithm*



# Findings: **Human Expertise** Drives the Impact of AI-Supported Advising



# Discuss: Institutional Factors



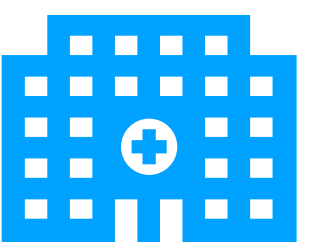
*Integration & change management,  
Personnel guidance & training,  
Bureaucratic counterfactual,  
Implementation factors*

*Application domain norms,  
Regulatory Compliance &  
Legal Compatibility*

“What is the difference between predicting risk in (A) criminal recidivism and (B) hospital re-admission?”

These two tasks have almost identical technical formulations—input characteristics predict the probability of a negative outcome and inform interventions to minimize it.

But the **decision stakes, stakeholder incentives, capacity constraints, regulatory environment, availability of recourse**...differently determine the outcomes of deployment.



# Further Resources on Implementation Science

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- ◆ **Implementation science foundations** (Bauer et al. 2015; Wensing 2015; Moir 2018)  
**Statistical prediction vs. clinical experts** (Meehl 1954; Grove et al. 2000)
- ◆ **Public-sector ADS and street-level discretion** (Saxena et al. 2021; Saxena and Guha 2024; Johnson and Zhang 2022) **ADS interventions and expertise in education** (Liu et al. 2023; McConvey et al. 2023; Schechtman et al. 2025)
- ◆ **Human-AI Interaction through a decision-theoretic lens** (Hullman et al. 2025a; Hullman et al. 2025b; Guo et al 2024, 2025, Bhatt et al. 2021) **Compliance, over-reliance, and trust** (Green and Chen 2019, 2021; Bansal et al. 2021; Buccinca et al. 2020, 2021; Mozannar et al. 2022, 2023) **Capacity constraints** (Boutilier et al. 2024; Raji and Liu 2025)
- ◆ **Deployment complexity and change management** (Boag et al. 2024; Sendak et al. 2020; Klein 2017) **Governance and accountability** (Raji et al. 2020, 2022; Xiang and Raji 2019; Ojewale et al. 2024)

# 4: Prediction-as-Intervention Index

Connecting across our disciplinary and “field” experiences

# Community Poll: Who should receive the intervention?

A jurisdiction has resources (e.g. temporary housing) for only 20% of cases. Which targeting rule should it use?

## Highest predicted risk

Prioritize people most likely to have the bad outcome.

## Highest expected benefit

Prioritize people most likely to improve because of action.

## Lottery among eligible cases

Avoid false precision and distribute scarce resources procedurally.

## Categorical eligibility

Use a transparent rule set before any model is considered.

# Build the Prediction-as-Intervention Index

Use the GoogleSheets [live archive](#). Add a new ADS, or start with one seeded row. Discuss proxy-target gap, one eval, one implementation factor. Note sources at the end.

Contributor(s)	ADS / System	Domain	Covariates (X)	Decision (D)	Proxy Outcome (~Y)
seed	Pretrial risk assessment / PSA	Criminal justice	Failure to appear / new criminal activity risk	Release, detention, bail, or conditions (e.g. supervised release). Supportive services?	Failure to appear for trial
seed	Epic Sepsis Model	Healthcare	Patient history, EHR data	Alert clinicians, early attention, bed allocation	Recorded sepsis / clinical labels
seed	Wisconsin Dropout Early Warning System (DEWS)	Education	Grades, ...	Educators identify students for intervention or support?	On-time graduation / dropout
seed	MAAPS data-driven advising protocol	Education	Grades, ...	Advising appointments, downstream interventions?	Graduation, retention, academic progress?
seed	Credit Score	Financial Services	Credit history	Pretrial detention? Supportive services?	2-year default

Scan me~



[tinyurl.com/ads-pred-int-index](https://tinyurl.com/ads-pred-int-index)

In-room: work in pairs or your table. Zoom: breakout groups/ add directly

# Paths forward for further research and collaboration



## **1. Interrogate prediction**

When is prediction the right abstraction?

## **3. Deployment assessment**

Make causal impact evaluation routine.

## **2. Better engineering**

Design tools around actions, uncertainty, and constraints.

## **4. Sustainable governance**

Build monitoring, recourse, and accountability into institutions.