

The DDS Blueprint by Hand

All eight phases on paper. A blueprint is the written result of running one problem through Dialectic and Deconstruction Solutions (DDS), and every phase of it is a question a person can answer with a pen.

The method is a sequence of questions. The engine at SolveSomething.com automates the questions, it does not own them. This sheet carries the complete sequence, with every required field of every phase, so that a problem of any size can be run from start to finish with no software at all.

What a blueprint is. Eight phases in a fixed order. Each phase produces something the next one needs, so the order is the method. We frame the problem and name its several causes (1), trace one cause upstream to the point where a change would change the system (2), name the two goods in tension at that point and where we stand between them (3), build a mechanism inside that stance (4), score whether it can be done and what it will break (5), tell it as one honest story (6), say what is still unsolved (7), and choose what happens next (8).

How to use the sheet. Work the pages in order, in pen, on one problem. Fill-in lines hold a few words each, so write in phrases and keep sentences for the boxes that ask for them. Each phase opens with a marker, then its fields in the method's own words, then a worked example from one real published blueprint, San Francisco's encampments, carried through the whole sheet so a complete run is visible. Where a page cannot be finished, that is information about the problem, not about us.

THE DISCIPLINE WE AGREE TO BEFORE WE BEGIN

Four rules run through every phase. Each one costs something and each one is what makes the result usable by people who disagree.

- ☐ **Architectural neutrality.** No approval, disapproval, or likelihood of success before phase five. No foreshadowing in tone, phrasing, sequence, or emphasis. "This seems," "this risks," and "this is likely" wait for the readiness scores.
- ☐ **Hypothesis containment.** Any solution we arrive with is a structural hypothesis, not a position to defend or oppose. We carry it fully before evaluating it. No corrective framing in phases one to four.
- ☐ **Failure with dignity.** A solution that fails a structural test fails without ridicule, moral framing, or "obviousness." Failure is informational, never corrective. We never imply the proposer was naive, reckless, or misguided.
- ☐ **Mixed motives.** Every actor is assumed to be responding rationally to incentives and constraints unless proven otherwise. Villain narratives are prohibited.
- ☐ **Bounded ambition.** We name what this blueprint does not solve, without apology. Precision signals seriousness. Overreach destroys trust.

BEFORE PHASE ONE: SAY IT MESSY

The problem the way we would complain about it to a friend, with the blame and the frustration left in. Phase one cleans it up. This is the raw material, and it is allowed to be unfair.

Do not number anything .5 and do not add optional phases. Phase six will feel like the end. Phase seven is mandatory.

01 Problem framing: the umbrella lock

Define the macro problem and identify its multiple components. Complex problems have multiple causes requiring multiple solutions, and the lock prevents narrowing too early.

THE UMBRELLA PROBLEM

The macro crisis in one clear sentence. The top-level phenomenon, not a cause and not a moral judgment. "Chronic homelessness in Denver" is an umbrella. "Lack of affordable housing" is a driver. "Society's failure to care" is a moral frame.

THE MULTIPLE DRIVERS

Three to five structural forces that feed the umbrella, a concise name for each. Each is a distinct mechanism that would need its own blueprint.

THIS BLUEPRINT ADDRESSES

The one driver we take on. One component of the larger problem, not a complete solution.

REMAINING COMPONENTS

The drivers this blueprint does not solve. This prevents the illusion of a total solution.

BOUNDED AMBITION NOTE

Written in this exact form, and not apologized for: This blueprint addresses _____. It does not attempt to resolve _____, which require separate interventions.

WORKED EXAMPLE: SAN FRANCISCO'S ENCAMPMENTS, PHASE ONE

UMBRELLA	Chronic homeless encampments in San Francisco, sustained by a revolving-door cycle between untreated addiction and mental illness, emergency services, and the justice system.
DRIVERS	Housing scarcity and high rents. Untreated addiction with co-occurring mental illness. Fragmented governance and handoffs. Public space conflict. Enforcement without stabilization.
THIS BLUEPRINT	The revolving-door pathway: people cycle through the ER, jail or court, and back to the street without sustained stabilization.
REMAINING	Housing supply, long-term supportive housing, prevention, citywide workforce development, the broader drug market and regional migration.
BOUNDED AMBITION	This blueprint addresses the revolving-door pathway. It does not attempt to resolve housing supply or the regional drug market, which require separate interventions.

02 Deconstruction: the surface, the false start, the reality

The first twin discipline. Deconstruction rejects the surface symptom, traces the problem upstream to its structural drivers, and finds the real entry point. This page does the first three moves.

THE SURFACE SYMPTOM

What people see. What breaks down visibly. Two or three sentences describing the experienced crisis without editorializing. Direct, clinical voice.

THE FALSE START

The explanation we are rejecting. The first one everyone reaches for, usually one of two opposite slogans. Both of them, if there are two.

THE COMPASSIONATE REALITY

Why smart, caring people have not fixed this. Three or four sentences naming the legitimate structural constraints that have prevented progress: the load-bearing obstacles, the competing pressures. This is not excuse-making. It is the weight of reality named before any solution is proposed. Translate conflict into values, incentives, and constraints. Assume mixed motives, not villains.

WORKED EXAMPLE: ENCAMPMENTS, PHASE TWO, FIRST HALF	
SURFACE SYMPTOM	Encampments persist or re-form soon after cleanup or enforcement actions. The same people return to the same blocks. Each sweep is visible and each return is visible, and nothing in between is.
FALSE START	"Just enforce the law and clear the camps." Or, from the other side of the room, "Just provide services and stop enforcement."
COMPASSIONATE REALITY	We are trying to solve a clinical stabilization problem with tools built for short-term containment. Every agency that touches this population is funded and measured on its own throughput, so each one does its job and hands the person on. Crisis services are the only part of the system that is always open, and a crisis is the only moment when the system acts as one. Nobody designed it this way. It is what remains when continuity is the one thing no budget line pays for.

If the compassionate reality reads as a list of who is to blame, it is not finished. Rewrite until a principled person on each side of the room would recognize their own constraints in it.

02 Deconstruction: the upstream drivers

Three to five structural forces, each with full structural specification. A driver is a mechanism, and a mechanism names who, why, what, and what keeps it stable.

THE UPSTREAM DRIVER QUALITY TEST

Each driver must specify all four. "Lack of political will" and "social factors" fail: nobody in them could change what they do.

- ☐ **Actor.** Who is doing this? A name we could put on a letter.
- ☐ **Behavior.** What do they actually do?
- ☐ **Incentive or constraint.** What motivates or forces the behavior?
- ☐ **Loop.** What keeps this pattern stable?

DRIVER 1

Name: _____

Actor(s): _____

Incentive or constraint: _____

Behavior: _____

Loop: _____

DRIVER 2

Name: _____

Actor(s): _____

Incentive or constraint: _____

Behavior: _____

Loop: _____

WORKED EXAMPLE: ENCAMPMENTS, TWO OF THE BLUEPRINT'S FIVE DRIVERS

CRISIS AS THE ONLY ENTRY

Actors: people with severe addiction, emergency rooms, police, outreach teams. Incentive or constraint: crisis resources are available around the clock while planned care slots are scarce. Behavior: help is accessed mainly during crises. Loop: crisis use increases, planned continuity weakens, the system grows more reactive.

FRAGMENTED CONTINUITY

Actors: hospitals, detox, residential programs, jails, courts, shelters, nonprofits. Incentive or constraint: each entity is funded and measured on its own throughput. Behavior: people get referrals instead of warm handoffs. Loop: missed appointments lead to relapse, re-arrest, or an ER visit, which confirms the "noncompliance" story.

A vague driver feels true and leads nowhere. A passing driver can be wrong, which is what makes it useful.

02 Deconstruction: more drivers, and the entry point

Drivers three to five if the problem has them, then the one move this phase exists to make: naming where we intervene.

DRIVER 3
Name: _____
Actor(s): _____
Incentive or constraint: _____
Behavior: _____
Loop: _____

DRIVER 4 (IF NEEDED)
Name: _____
Actor(s): _____
Incentive or constraint: _____
Behavior: _____
Loop: _____

DRIVER 5 (IF NEEDED)
Name: _____
Actor(s): _____
Incentive or constraint: _____
Behavior: _____
Loop: _____

THE ENTRY POINT
Where do we intervene? The structural lever is the point where one intervention changes the whole system. Why this lever and not another? Four or five sentences, with a structural metaphor if it clarifies (beam, hinge, circuit, gap).

WORKED EXAMPLE: ENCAMPMENTS, A THIRD DRIVER AND THE ENTRY POINT	
LOW-LEVERAGE ENFORCEMENT	Actors: police, courts, the district attorney and public defender, judges, probation, city agencies. Incentive or constraint: the available tools are citations, short jail stays, short holds, or diversion without containment. Behavior: a short intervention, then release with nowhere to land. Loop: short interventions produce short effects, and return is rapid. (The other two drivers: addiction and co-occurring illness treated separately, and street economy incentives.)
ENTRY POINT	Continuity of stabilization. All five loops break at the same hinge, the moment one system hands a person to the next, so the lever is one accountable pathway that turns a crisis contact into a time-bound, medically supported stabilization lane with exits to housing and care. Not more beds, not more sweeps: ownership of the handoff.

No foreshadowing. The entry point says where, not whether it will work. Whether waits for phase five.

03 Dialectics: naming the tensions

The second twin discipline. A dialectic is the tension between two positive values, not between good and evil. Deconstruction found where to intervene. Dialectics decides how to balance competing goods at that point.

PROBLEM TYPE ASSESSMENT, REQUIRED BEFORE THIS PHASE BEGINS

- ☐ **Blueprint mode.** A concrete problem: specific stakeholders, institutional actors, resources, policy trade-offs. Tensions can be weighted as percentages. The universal library is the primary source.
- ☐ **Analysis mode.** An abstract problem: ethics, governance theory, epistemology, cultural or historical dynamics. Percentages would be false precision. Drop them, embed cost and benefit in prose, and build problem-specific tensions.

THE UNIVERSAL DIALECTICAL LIBRARY: A FLOOR, NOT A CEILING

1. Freedom and Safety (individual liberty, collective order)

2. Individual and Collective (self-interest, common good)

3. Efficiency and Humanity (optimization, dignity)

4. Transparency and Privacy (right to know, right to hide)
5. Justice and Mercy (accountability, grace)

6. Innovation and Tradition (progress, heritage)

7. Urgency and Sustainability (immediate relief, root cause)

When the problem holds a tension the library does not, construct it and name it precisely.

THE CORE TENSION AND THE SECONDARY TENSIONS

Write each pole as something worth protecting, then mark where the problem sits now (a dot) and where we aim to stand (a cross). Real solutions rarely exist at the poles.

POLE A	ALL A				BALANCE				ALL B	POLE B
Core tension										
Secondary tension										
Secondary tension										

THE OPPOSITION GATE, MANDATORY BEFORE THE CORE TENSION IS FINAL

- ☐ Would a principled advocate for the opposing value recognize their position in our description of it?
- ☐ Does the description give the structural logic of the opposition rather than its moral failure? "Greed," "ignorance," and "hate" are caricatures. Rewrite them.

WORKED EXAMPLE: ENCAMPMENTS, THE TENSIONS

MODE	Blueprint mode. Named agencies, a budget, a court docket, beds.
CORE	Urgency and Sustainability, as the blueprint weights it: order response now against stabilization continuity. Urgency protects the block that cannot wait, the shop with a camp at its door, the person overdosing tonight. Sustainability protects the conditions that stop the same person returning to the same block.
SECONDARY	Justice and Mercy (a uniform rule in public space against responsiveness to an unequal life). Efficiency and Humanity (agency throughput against one person held through to an exit).

03 Dialectics: the weighting and the threshold

Where the problem stands now between the poles, where we propose to stand, and the honest table of who gains and who pays. Every dialectical section names who benefits, who bears cost, and what is sacrificed. No euphemism, no abstraction.

THE WEIGHTING (BLUEPRINT MODE)

Current state: _____ % _____ / _____ % _____

Target state: _____ % _____ / _____ % _____

The numbers are an estimate, not a measurement. They make the trade-off scannable and commit us to a direction and a distance. A target more than about twenty points from the current state needs a first step that lands inside the current weighting.

Who benefits (the specific group that experiences relief)

Who bears cost (the specific group that experiences loss)

What is sacrificed (what we give up, concretely)

THE MINIMUM DIALECTICS THRESHOLD: A TESTABLE GATE

If phase three does not name all three of these, the run is incomplete and must be rewritten before phase four. If no loss is visible, the dialectical work is not done.

☐ (a) One genuine loss group: _____

☐ (b) One concrete sacrifice: _____

☐ (c) One redistributed emotional burden, from whom to whom: _____

WORKED EXAMPLE: ENCAMPMENTS, THE WEIGHTING

CURRENT	80% urgency and order response / 20% stabilization continuity.
TARGET	45% urgency and order / 55% stabilization continuity.
WHO BENEFITS	Neighborhoods, businesses, and public space users gain predictability. High-acuity unhoused people gain continuity and clinical containment.
WHO BEARS COST	People who want full street autonomy while using drugs face more structure. The city bears the upfront operational and coordination cost.
SACRIFICED	Some hands-off autonomy in public space for the highest-acuity group. Some agency flexibility, given up for shared accountability and shared data.
THRESHOLD	(a) Loss group: the highest-acuity people who do not want structure. (b) Sacrifice: each agency's freedom to close a case at its own door. (c) Burden moved: the neighborhood's anxiety about who comes back, carried until now by residents and patrol officers, becomes the named accountability of one pathway team.

03 Dialectics: the narrative and what DDS holds

For each active tension, six developments in full sentences, in a calm, precise, humane voice. A run is judged first by the honesty of this section, not by the elegance of the solution.

DIALECTICAL NARRATIVE, ONE COPY OF THIS BOX PER TENSION. TENSION: _____

1. What each side protects. Steelman both poles before analysis. Why is each value structurally necessary, and what collapses without it?

2. The origin of the current weighting. The specific historical event, incentive structure, or mechanism that drove the imbalance. Not "cultural pressure." The precise driver.

3. The cost of staying. Who is suffering, what is breaking down. Concrete, not abstract.

4. What the target weighting means in practice. The specific behaviors, conditions, or policies that shift.

5. Who bears the cost of the shift, and why it is worth placing that weight on those shoulders.

6. WHAT DDS HOLDS
The position the framework takes while keeping both poles alive. Not a resolution: where we stand within the tension, in one or two grounded sentences. A position, not a suspension. Perpetually balancing both sides when the situation requires a position is its own failure mode, and non-commitment dressed as sophistication is not dialectical maturity.

THE INTERSECTION, MANDATORY WHEN MORE THAN ONE TENSION IS PRESENT
How the active tensions amplify, complicate, or reframe each other. This closes the phase.

WORKED EXAMPLE: ENCAMPMENTS, THE CORE TENSION DEVELOPED	
ORIGIN	A cleanup is funded, scheduled, photographed, and counted. Continuity is none of those things. Each sweep answers a complaint the same week, so the city kept buying the response it could see, and 80 percent order is what that purchasing pattern looks like after years.
IN PRACTICE	Enforcement stays as the backstop and is paired, every time, with an immediate placement. Warm handoffs replace referrals. Discharge stops counting as completion.
WHAT DDS HOLDS	A real path of care and stabilization, offered through the language and the first actions of order, because that is what an urgency-weighted public can hear, and because the block's need for relief tonight is real.
INTERSECTION	Justice and Mercy sharpens the core: a uniform rule in public space is merciful only if the alternative to the sidewalk exists the same day.

04 The mechanism: the build

We build the intervention inside the stance phase three took. Title and strategy are clinical and direct. Each step's rationale says why the step serves the rebalancing and the entry point.

TITLE AND STRATEGY

Title (name the protocol or policy): _____

Strategy, a one-sentence summary of the approach

ACTION STEPS

Step 1: _____

What specifically happens, concrete and actionable, then the rationale in two or three sentences

Step 2: _____

What specifically happens, then the rationale

Step 3: _____

What specifically happens, then the rationale

WORKED EXAMPLE: ENCAMPMENTS, THE MECHANISM	
TITLE	The Continuity-First Stabilization Pathway.
STRATEGY	Start at the contacts that already happen, route each person into one stabilization lane with bridge beds, a court, and reserved housing exits, and give every person one accountable team.
STEP 1	Intake through three doors: an ER, overdose, or psychiatric crisis, an arrest or court contact for a use-related offense, or outreach after repeated crises. Rationale: the system already meets this cohort at these doors. The door now opens onto a lane rather than back onto the street.
STEP 2	Clinical bridge units: short-stay beds of 7 to 30 days for medication, withdrawal and sleep stabilization, psychiatric evaluation, and a 30, 60, 90 day plan. Warm handoffs, not referrals. Rationale: the referral is where every loop in phase two broke. A warm handoff is the hinge rebuilt.
STEP 3	A stabilization court with a voluntary lane and a narrow mandated lane, step-down housing hard reserved for the pathway, and a one-team rule with minimum shared data and weekly case conferences. Rationale: continuity needs an owner and an exit, or the bridge unit becomes a holding cell.

04 The mechanism: leadership, timeline, cost

A mechanism without a named owner, a calendar, and a price is an intention. These three fields make it a build.

THE LEADERSHIP

Steward, who owns success. A specific role or position, not "the city council": _____

Facilitator, who manages conflict. A specific role or position: _____

Why these roles? What makes them suited to this work? One or two sentences.

THE TIMELINE

Phase 1, stabilization, months 0 to _____. What gets established.

Phase 2, implementation, months _____ to _____. What gets built.

Phase 3, review, month _____. What gets measured, and when the first audit happens.

THE COST ANALYSIS

Financial cost, a specific estimate with its breakdown, or the sources it would be built from

Opportunity cost, the specific alternative we are not pursuing by choosing this path

Human cost. Who works harder? Whose job gets more complex? What new demands land on which roles?

WORKED EXAMPLE: ENCAMPMENTS, LEADERSHIP, TIMELINE, COST

STEWARD	The director of behavioral health at the Department of Public Health, because the bridge units, the clinical plans, and the Medi-Cal billing all sit in that office.
FACILITATOR	The chair of the weekly multi-agency stabilization board, holding the Sheriff, the courts, and the provider consortium at one table.
TIMELINE	Months 0 to 6: the board convenes, the data agreement is signed, the first bridge unit opens on one door. Months 6 to 18: the other doors, the court docket, the reserved step-down placements. Month 18: the first full audit, with a quarterly scorecard from month 6.
COST	Financial: built from bed-days in the bridge units, funded by partial reallocation of ER and jail savings, state and federal behavioral health funds, Medi-Cal billing, and philanthropic bridge money. Opportunity: the next round of cleanup capacity and standalone shelter beds. Human: ER, jail, and outreach staff now complete a handoff instead of a discharge, and case managers sit in a weekly conference.

04 The mechanism: assumptions, evidence, emotional consequence

What the build rests on, what it can point to, and what it will feel like to the people it reaches. Evidence is factual, with full disclosure.

KEY ASSUMPTIONS, THREE TO SIX: STATE EACH, THEN WHAT CHANGES IN OUR DESIGN IF IT IS WRONG

1. Assumes _____ If wrong: _____
2. Assumes _____ If wrong: _____
3. Assumes _____ If wrong: _____
4. Assumes _____ If wrong: _____
5. Assumes _____ If wrong: _____

THE EVIDENCE, WITH THE ANTI-BLUFFING CONSTRAINT

- ☐ **Primary analog exists.** Organization + year + measurable outcome, all three. "Seattle's LEAD program (2011 to 2016) reduced felony charges by 58 percent among participants against a control group."

- ☐ **None (novel intervention).** Do not invent a weak or partial match. Name the theoretical basis, the specific principle applied, and why it predicts success here. Innovation is not a failure of evidence. It is an application of theory.

RELIEF PROFILE

Who feels safe? Who experiences this as freedom, validation, or structural support? Embodied, grounded terms.

BURDEN PROFILE

Who feels threatened? Who experiences loss, constraint, or destabilization? The weight without minimizing it, and without humiliation.

WORKED EXAMPLE: ENCAMPMENTS, ASSUMPTIONS, EVIDENCE, CONSEQUENCE

ASSUMPTIONS	Step-down housing can be hard reserved (if wrong, the bridge units fill and stop admitting, and housing exits become the first component, not the next). The clinical workforce can be hired and kept (if wrong, open one unit, not three). Minimum shared data is lawful (if wrong, the one-team rule runs on one lead agency's records). The court has discretion for a narrow mandated lane (if wrong, voluntary only).
EVIDENCE	The published blueprint names no single analog, so the honest entry is the novel path. Theoretical basis: continuity of care, the clinical finding that treatment is lost at the transition between settings, so a pathway that owns the transition keeps the person.
RELIEF	A person wakes in a bed with a plan and a name for who comes next. A shop owner learns what happens after the camp is cleared and can stop bracing for its return.
BURDEN	The highest-acuity people who wanted no structure feel the narrowing. Agencies that measured their own success now answer to a shared scorecard. Clinicians in the mandated lane carry the weight of care that was not chosen.

04 The mechanism: the feasibility check

Mandatory, and a gate. If we cannot answer these specifically, the mechanism is not yet actionable: we revise phase four and make concrete what is still abstract. In analysis mode the four groups below are replaced by framework grounding (see the note at the foot of the page).

AUTHORITY AND HIRING
Who has the power to create the steward and facilitator roles?

If new positions: what budget line, what department?

If existing positions: what gets deprioritized to make room?

ENFORCEMENT TEETH
What happens if the steward does not follow through?

What leverage does the facilitator have when stakeholders resist?

Who can cancel this program if it fails?

COORDINATION REALITY
How many meetings per month does this require?

What existing meeting or committee gets replaced or absorbed?

Who owns the shared data and reporting system?

DECISION AUTHORITY
Who makes the final call when conflict arises?

What is the escalation pathway if the mechanism stalls?

Where does budget authority actually sit?

ANALYSIS MODE: FRAMEWORK GROUNDING CHECK INSTEAD
What assumption does this framework most depend on? What condition would cause it to fail? What is the minimum viable version that could be tested? What precedent or theoretical basis supports it?

WORKED EXAMPLE: ENCAMPMENTS, THE FEASIBILITY CHECK	
AUTHORITY	City and county leadership, the Department of Public Health, the Sheriff, the courts, and a provider consortium create the roles. The steward is an existing position, so the office's standalone program launches get deprioritized for the pathway.
TEETH	Court-supervised participation in the mandated lane. Provider contracts tied to retention and housing stability, so a contract that drops people is not renewed. Weekly tracking at the board. The Board of Supervisors can cancel the program.
COORDINATION	Four meetings a month: the weekly stabilization board, which absorbs the existing interagency homelessness coordination meeting. The steward's office owns the shared dashboard, which collects only minimum viable data.
DECISIONS	The steward makes the final call on clinical placement, the court on the mandated lane. Stall path: board chair, then the steward, then the Mayor's office. Budget authority sits with the Board of Supervisors through the DPH budget.

Four meetings a month, one dashboard, one body that can cancel it. If a column cannot be filled with a name or a number, the mechanism is still a wish.

05 Readiness and audit: the scores and the verdict

The first place a judgment is allowed. Verdicts on viability, scalability, legality, or sustainability appear only here. Scores are mandatory. If the solution does not scale or survives only under narrow conditions, we say so plainly.

SCORING CALIBRATION, 0 TO 10

- 0 to 2:** structurally impossible under current constraints, requires system redesign.

3 to 4: possible only as a small pilot with heavy external support.

5 to 6: feasible with real trade-offs, requires sustained coordination.
- 7 to 8:** feasible with normal institutional friction, aligned enough to proceed.

9 to 10: unusually aligned, rare (indicates either crisis consensus or topic non-salience).

READINESS SCORES: EACH DIMENSION ASSESSES STRUCTURE AND HUMAN CAPACITY TOGETHER

Psychological and social capacity. Does this require behavior change that violates comfort or identity? Can people tolerate the emotional weight of the shift?

score 0 1 2 3 4 5 6 7 8 9 10

Political and institutional alignment. Do authority, budget, and enforcement mechanisms exist? Do power holders have incentive to support this?

score 0 1 2 3 4 5 6 7 8 9 10

Operational and resource feasibility. Can this be implemented with available resources and coordination? Do the people executing it have capacity for the work?

score 0 1 2 3 4 5 6 7 8 9 10

Cultural and existential fit. Does this align with established norms and social scripts? Does it resonate with community meaning and values?

score 0 1 2 3 4 5 6 7 8 9 10

VERDICT

- ☐ **Proceed.** What makes this viable despite the challenges?

☐ **Pause.** What preparatory work must happen first?

☐ **Pivot.** What fundamental recalibration is required?

Readiness narrative, three to five sentences explaining the verdict from the scores

WORKED EXAMPLE: ENCAMPMENTS, READINESS

SCORES	Psychological and social 4 (public trust is the lowest reading the blueprint gives). Political and institutional 6. Operational 5 (workforce shortages, bed limits). Cultural and existential 5.
VERDICT	Proceed, on the minimum viable mechanism first. The authority exists and the urgency creates political energy, but a public that has watched programs promise relief and deliver the same block holds rational doubt, not ignorance. Doubt like that is answered with a small lane and published numbers, not a launch.

05 Readiness and audit: the smallest test and the fractal audit

When a score is low we design the smallest test of the entry point. Then we name the problem this solution will create, because every solution creates one, and the number that tells us to stop.

MINIMUM VIABLE MECHANISM, REQUIRED IF ANY SCORE IS BELOW 5

The stripped-down version that tests the entry point within 30 to 60 days, the smallest intervention that would validate or invalidate the core hypothesis.

Action, one concrete step: _____

Timeline, 30 to 60 days: _____

Success metric, what proves this works: _____

Failure metric, what proves it does not: _____

THE FRACTAL AUDIT

The recursive loop. What new shadow does this light cast? What tension emerges from solving this one? Four or five sentences, specific about the new challenge.

The new problem node. A specific name for the emerging challenge. Not "unintended consequences."

The kill switch. The measurable metric that would signal this solution is causing more harm than good. A number, event, or pattern that requires us to stop and redesign.

CAPACITY IMPACT ASSESSMENT

Will this increase or decrease the collective capacity for future problem-solving, emotional and ethical maturity (holding complexity without regression), and relational responsibility (mutual dependence under stress)? Capacity, or learned helplessness?

WORKED EXAMPLE: ENCAMPMENTS, THE SMALLEST TEST AND THE AUDIT

MINIMUM VIABLE	One bridge unit, one door (the ER), one lead team, 60 days. Success: most discharges leave by warm handoff to a kept first appointment or a placement. Failure: most leave to the street.
RECURSIVE LOOP	If the pathway works, demand increases, and the next constraint becomes housing exits and workforce capacity.
NEW PROBLEM NODE	Step-down housing bottleneck: the pathway's exits fill faster than they are built.
KILL SWITCH	If discharges to the street exceed discharges to a placement for two consecutive quarters, or the mandated lane grows past its narrow eligibility, the pathway has become containment.
CAPACITY	Builds capacity: five agencies learn to own one outcome together. The regression risk is a widened mandated lane, which would teach the public that care and coercion are the same thing.

06 The narrative synthesis: the communicable story

The technical blueprint told as flowing narrative, the version read at a town hall or shared with a stakeholder. Make it tellable. Make it true. Five or six paragraphs, an essay and not a list.

THE HUMAN GOOD MADE REAL, WRITTEN BEFORE THE ESSAY

The fundamental good this blueprint serves (coherence, safety, belonging, dignity, freedom), and how it becomes tangible in daily life when the solution works. One or two sentences.

THE ESSAY, AS A GUIDED OUTLINE (FORWARD-LOOKING SCENARIO)

1. The problem as understood. The surface symptom, the compassionate reality, and the upstream drivers woven into one story. How did we arrive here, and what legitimate constraints prevented progress until now?

2. The structural diagnosis. The entry point in narrative form. Why has this lever been overlooked or avoided? What becomes possible when we pull it?

3. The tension at the heart. The dialectic as lived experience. Why both values are necessary, what drove us to the current weighting, why the middle brings discomfort and also integrity.

4. The path forward. The mechanism as a journey. What changes first, what stabilization looks like, who leads, what success looks like in visible terms.

5. The honest cost. Both the relief and the burden. Who wins, who loses, why the rebalancing is worth the weight it places on some shoulders. No sugarcoating, no catastrophe.

6. The recursive awareness (optional). The new challenge this creates, and why that is the mark of a real solution: it moves the problem forward rather than pretending to eliminate it.

IF DECISIVE ACTION HAS ALREADY HAPPENED

A termination, a policy change, an exit, a confrontation. The essay shifts to aftershock management: what happened and why, legitimacy framing, predicted fractures, containment strategy, the honest cost.

WORKED EXAMPLE: ENCAMPMENTS, THE GOOD AND THE OPENING

HUMAN GOOD	Coherence: the ability to trust that contact with the system leads somewhere, for the person in crisis and for the neighbor watching the same tent return.
PARAGRAPH 1	The encampments are the predictable output of a system that becomes coherent only at the moment of crisis. Each agency does its job and hands the person on, and the handoff is where the person is lost.

The essay ends with a horizontal rule and the two-line colophon printed on the last page of this sheet, verbatim, never before the narrative and never altered. The story will feel finished. The blueprint is not.

07 Component status, then 08, the choice

Phase seven restates the umbrella and says exactly what this blueprint solved and what it did not. It is mandatory even when the narrative felt like a conclusion, because one blueprint never solves everything. Phase eight is the only place the run asks what we want next.

PHASE 7: COMPONENT STATUS

Umbrella problem, restated

This blueprint addressed, the specific driver

Remaining components, the drivers still unsolved

Status: component ____ of ____ complete.

PHASE 8: HOW WOULD WE LIKE TO PROCEED?

☐ [A] Publish this blueprint. Mark the component complete.

☐ [B] Solve the next component. Begin a blueprint for the next driver, starting again at phase one.

☐ [C] Revise this blueprint. Deconstruction (change the entry point). Dialectics (shift the weighting or add tensions). Mechanism (design a different solution, an alternative mechanism, not a tweak). Feasibility (strengthen the implementation grounding). Narrative (adjust tone or emphasis).

☐ [D] Clarify before proceeding. The questions we still have to answer.

☐ [E] Start fresh. A new umbrella problem.

Our choice, and the first thing we do about it

WORKED EXAMPLE: ENCAMPMENTS, STATUS AND CHOICE	
UMBRELLA	Chronic homeless encampments in San Francisco, sustained by a revolving-door cycle between untreated addiction and mental illness, emergency services, and the justice system.
ADDRESSED	The revolving-door pathway: continuity of stabilization from crisis contact to a housing or care exit.
REMAINING	Housing supply and long-term supportive housing. Prevention. Citywide workforce development. The drug market and regional migration.
STATUS	Component 1 of 5 complete.
CHOICE	[B] Solve the next component. The fractal audit already named it: step-down housing, the exit this pathway will fill first.

Phase seven stops doing: treating discharge as completion, using cleanup as a proxy for stabilization, and letting noncompliance end the relationship instead of triggering re-engagement. Those three lines are the encampments blueprint's own.

Is this blueprint finished?

A one-page audit of our own run. Every required element of every phase. A box we cannot tick is the page we go back to.

PHASE 1: PROBLEM FRAMING

- ☐ Umbrella problem in one sentence, a phenomenon not a cause or a judgment
- ☐ Three to five drivers, each a distinct mechanism
- ☐ The one driver this blueprint addresses
- ☐ Remaining components listed
- ☐ Bounded ambition note in the set form, without apology

PHASE 2: DECONSTRUCTION

- ☐ Surface symptom, without editorializing
- ☐ False start named
- ☐ Compassionate reality: constraints, not blame
- ☐ Three to five drivers, each with actor, incentive or constraint, behavior, loop
- ☐ Entry point, with why this lever and not another
- ☐ No foreshadowing anywhere in phases 1 to 4

PHASE 3: DIALECTICS

- ☐ Problem type assessed: blueprint or analysis mode
- ☐ Core tension and secondary tensions, both poles stated as goods
- ☐ Opposition gate passed
- ☐ Current and target weighting, who benefits, who bears cost, what is sacrificed
- ☐ Threshold: a loss group, a sacrifice, a redistributed emotional burden
- ☐ Per tension: what each protects, origin, cost of staying, in practice, who bears the shift
- ☐ What DDS holds, a position and not a suspension
- ☐ Intersection section if more than one tension

PHASE 4: THE MECHANISM

- ☐ Title and one-sentence strategy
- ☐ Action steps, each with a rationale
- ☐ Steward and facilitator as specific roles, with why
- ☐ Timeline: stabilization, implementation, review
- ☐ Financial, opportunity, and human cost
- ☐ Three to six assumptions, each with "if wrong"
- ☐ Evidence: analog with organization, year, outcome, or novel with theoretical basis. No bluffing
- ☐ Relief profile and burden profile
- ☐ Feasibility check, all twelve questions answered with a name or a number

PHASE 5: READINESS AND AUDIT

- ☐ Four scores, each with a sentence, on the 0 to 10 anchors
- ☐ Verdict: proceed, pause, or pivot, with a readiness narrative
- ☐ Minimum viable mechanism if any score is below 5
- ☐ Recursive loop, new problem node, kill switch
- ☐ Capacity impact assessment

PHASES 6, 7, 8

- ☐ Human good made real, then the five or six paragraph essay
- ☐ Colophon after the final paragraph, verbatim
- ☐ Component status: umbrella, addressed, remaining, X of Y
- ☐ A choice made from the phase 8 menu
- ☐ Nothing numbered .5, no optional phases, no phase skipped

A finished blueprint can still be wrong. Finished means every question was answered in writing, the losses were named, and the verdict waited until phase five. Being wrong is what the kill switch, the next component, and the next run are for.

THE BLUEPRINT COLOPHON, THE LAST LINES OF EVERY BLUEPRINT

This blueprint was produced with Dialectic and Deconstruction Solutions (DDS), a method created by William Hambleton Bishop. The method, the book, and a library of published blueprints are free at SolveSomething.com.