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TAIBU

Leading Urban Change project profile

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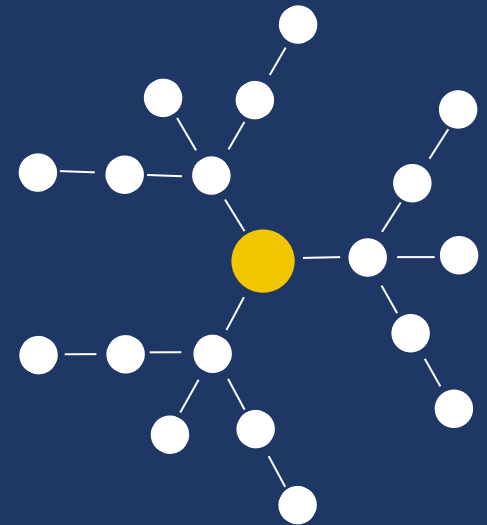
The Leading Urban Change (LUC) program is a hands-on professional development experience for mid- to senior-level professionals advancing workplace initiatives. Participants use the program to move a current or previous initiative forward through structured activities and applied learning – working through barriers, engaging stakeholders, and designing actionable strategies tailored to their leadership goals and local context.

LUC is a project accelerator whereby participants explore strategies and mechanisms to overcome barriers and identify growth opportunities. The program offers engagement with industry practitioners, faculty experts, and peers from across sectors, opportunities to expand professional networks, and one-on-one coaching.

Some key benefits include:

- Practical tools to advance a current workplace initiative
- Strategies for cross-sector collaboration and partnership-building
- Frameworks for systems-level thinking across sectors
- Insights into financing, governance, innovation, and policy
- Opportunities to apply data storytelling and equity-centred approaches
- Access to peer feedback, coaching, and expert instruction
- Option to collaborate in a case study write-up of your initiative, for publication on the School of Cities website

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Writing: Patrycja Maszlejok

Contributions: Karen Chapple, Lisa Helps, Priya Perwani

Expert interview: Amna Iqbal, Shameune Matthew, Ron Stoddard

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Introduction

In Toronto, mental health crises are often met with a police-first response, leaving people in distress without access to the health-based, culturally relevant care they need.¹ This system can escalate rather than de-escalate situations, and in Scarborough specifically, a lack of shelter and respite beds compounds the problem. Frontline teams may stabilize someone in crisis, but have nowhere safe to refer them to afterward.

The Toronto Community Crisis Service (TCCS) pilot was designed to address this gap by providing non-police, mobile crisis response teams composed of trained professionals such as peer workers, nurses, harm reduction specialists, and social workers.² As the critical partner responsible for Northeast Toronto (Scarborough region),³ TAIBU

¹ CAMH, *Toronto Community Crisis Service Report*.

² CAMH, *Toronto Community Crisis Service Report*.

³ The region is bounded by Steeles Ave. E. to the north, Pickering Town Line to the east, Victoria Park Ave. to the west and the Scarborough shoreline to the south.

Community Health Centre brings a unique approach to this work. Unlike most crisis teams, TAIBU operates under an Afrocentric health model grounded in Ubuntu philosophy.⁴ While TAIBU previously had access to a limited number of safe beds, the current lack of priority access further limits their ability to meet urgent needs. Their model is culturally specific, trauma-informed, and deeply rooted in the lived realities of the people they serve, emphasizing collective responsibility, dignity, and self-determination. In every case, TAIBU meets people where they are to offer services grounded in trust, respect, and cultural relevance.

Context

TAIBU was established over 17 years ago in response to stark health disparities facing Black communities in Toronto, where mainstream health and crisis systems often fail to provide culturally relevant or accessible care. Traditional crisis response relied heavily on police involvement and offered limited pathways to follow-up, especially in Scarborough, where a shortage of shelter beds made sustained support difficult. Originally proposed by the Black

⁴ Ubuntu is a Southern African philosophy meaning “I am because we are.” It emphasizes interdependence, compassion, and community-centred care. While TAIBU also draws from the Seven Principles of Kwanzaa (Nguzo Saba), Ubuntu more broadly grounds their Afrocentric health model in a pan-African ethic of collective responsibility and human dignity; Nussbaum, “Ubuntu: Reflections of a South African.”

Health Alliance, TAIBU has grown into a multifaceted hub that combines clinical care with social services.

Its model includes primary care, housing navigation, community drop-ins, and between 2022 and 2025 mobile crisis intervention. The program is a civilian-led emergency crisis one tailored to community needs. TAIBU's role is unique in its explicit focus on Black health, racial justice, and culturally safe care. It is one of the few organizations in Toronto addressing crisis intervention through a racial equity lens. Through this program, TAIBU has responded to over 5,800 calls, many from individuals who had never previously engaged with mental health services.⁵ Operating 24/7, the crisis team emphasizes a one-client-at-a-time approach that provides follow-up care while honouring the uniqueness of each case.

TAIBU is also part of Toronto's broader SafeTO strategy – a ten-year plan for community safety and well-being through a shift “from a reliance on reactive emergency response to a culture of prevention.”⁶ City funding supports the mobile teams, case management, staff training, and coordination with other emergency services. The team is led by a CEO, board of directors, and project managers. The open structure

⁵ TAIBU, *Annual Report 2023–2024*, 30.

⁶ City of Toronto, *SafeTO Implementation Plan*, 1; City of Toronto, *2025 SafeTO Community Report*.

allows for nimble, client-centred service delivery and collaboration across community, health, and city partners.

Challenges

The shortage of safe beds in Scarborough is a system-wide issue that directly shapes every aspect of TAIBU's program delivery. TAIBU's crisis model is built around stabilizing people in moments of acute need and then connecting them to safe, culturally relevant supports. The three 72-hour beds and one 30-day bed previously available could not reliably secure the placements that made follow-up care meaningful. In June 2025 alone, an average of 117 callers went unmatched at Central Intake,⁷ illustrating the scale of the gap. The team is constantly forced to operate in a state of triage, where the immediate crisis may be de-escalated but long-term stability remains uncertain. To further the problem, the recent changes in policy and reduced access to safe beds, further limits their ability to deliver holistic, culturally grounded care.

This structural constraint has ripple effects across the entire program. Case managers and crisis responders spend significant time navigating waitlists and scarce housing options, stretching their capacity and often requiring them to juggle multiple roles at once. Staff are pulled between

⁷ City of Toronto, *Shelter System Requests for Referrals*.

frontline work and systemic advocacy, highlighting how inadequate shelter supply undermines the sustainability of the model itself. Even when clients are connected to housing navigation or mental health supports, delays in ID services, long timelines for permanent housing, and bottlenecks in the mental health system weaken the impact of those referrals.

The shortage of beds also affects trust between TAIBU and the community. A model grounded in Afrocentric, trauma-informed care depends on continuity and follow through with clients so that they feel that support will not drop off once the crisis call ends. When the system cannot provide safe placements relationships risk being undermined, despite TAIBU's sustained outreach and community presence. Early misconceptions that TAIBU was police-adjacent have been addressed through education and partnerships with police, 211, and emergency dispatch. Yet there is still a core challenge that without adequate safe bed capacity, TAIBU's ability to fully realize its crisis model is limited, no matter how strong the team or its philosophy.

Lessons learned and enablers

TAIBU's experience has shown that adaptability, cultural specificity, and humility are critical in delivering effective crisis care. Its Afrocentric lens sets the service apart from other crisis models that use generalized, one-size-fits-all

approaches. A key strength is client-led care, where clients are the experts in their own lives. TAIBU's role is to facilitate and support, not dictate. Another strength is adapting in real time. The team quickly refines workflows, adjusts protocols, and shares learning across staff using lessons from the field. Ongoing training and support are also a focus where crisis workers are given continuous opportunities to grow. Micro-successes – from successful de-escalations to effective follow-ups – are celebrated as part of a learning culture. Community-first advocacy is another lesson to learn. TAIBU's mission extends beyond crisis resolution, to systemic advocacy around housing justice, police reform, and health equity. Finally, the program has successfully integrated lived experience into its structure. Peer workers, community organizers, and those with first-hand knowledge of the systems help build credibility and connection.

Impact and scalability

In just over two years, TAIBU has made measurable progress with the TCCS pilot. The organization has served its community, diverted police involvement in the vast majority of crisis calls, and established itself as a trusted, culturally specific alternative in the emergency response system. Their short-term goals are to secure bed spaces through shelter partnerships and refine internal operations. Their long-term vision is for a holistic care ecosystem that includes crisis response, transitional housing, long-term mental health

supports, and Afrocentric wellness services under one roof. They hope to build their own shelter and embed culturally safe beds in major Scarborough shelters.

The TAIBU model is replicable, but success will depend on organizations' positionality in their communities, cultural fluency, trust, and having the infrastructure to lead. The core values of client-first, trauma-informed, and cultural specificity are important guides, but implementation must be tailored to local contexts.

Finally, the political context continues to shape the program's future. In Toronto, crisis response has become a highly politicized policy area, with ongoing debates about the appropriate role of police versus community-led health providers. While City Council has extended funding for the TCCS, this support is renewed year-to-year and remains vulnerable to shifts in political priorities or fiscal tightening. At the provincial level, funding streams for mental health and shelter infrastructure are fragmented, leaving community organizations like TAIBU to piece together short-term grants rather than rely on stable program funding.⁸ Federally, recent investments in mental health and housing have largely flowed through provinces, and Scarborough often receives disproportionately less than

downtown Toronto. These dynamics mean that TAIBU's sustainability is tied not only to the strength of its model but also to broader political will around community safety, housing expansion, and racial equity.

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⁸ AMHO, *Unlocking Solutions*, 26-27.

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