CareCertify LLC

245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-01

CTSS & the MHBA Role

Participant Guide

Mental Health Behavioral Aides (CTSS) · Part of the 30-Hour Pre-Service Training

Updated July 2026 — Minn. Stat. 245I.04 & 245I.05 (CTSS)

What Children's Therapeutic Services and Supports is, and what a mental health behavioral aide does.

Learning Objectives — by the end of this module you will be able to:

- Describe what CTSS is and which children it serves
- Explain what a mental health behavioral aide does — and does not do
- State the rule that an MHBA practices skills a qualified professional first taught
- Work within an individual treatment plan and under treatment supervision
- Identify MHBA Level 1 and Level 2 qualifications and the training timeline
- Apply professional boundaries, documentation, rights, and reporting basics

Section 1: What is CTSS?

Children's Therapeutic Services and Supports — mental health help where children live and grow.

- **For children.** CTSS provides mental health services to children with a mental illness who need help building everyday skills.
- **In real settings.** Services happen where the child is — home, school, child care, and the community — not only in a clinic.
- **Skills-focused.** The goal is rehabilitative: practicing social, emotional, and behavioral skills that support the child's treatment goals.
- **A team effort.** A mental health professional leads treatment; practitioners, behavioral aides, and families all play a part.

Section 2: What a mental health behavioral aide does

You help a child practice skills — you don't create the treatment.

- **You DO.** Help the child practice the psychosocial skills named in the treatment plan, in real-life moments, and coach families in those skills.
- **You DON'T.** You don't diagnose, write the treatment plan, provide therapy, or decide what skills to work on — those belong to the qualified professional.
- **You connect.** You are often the team member who sees the child most in daily life, so what you observe and document matters.

Section 3: How the MHBA role is bounded

Everything you do rests on these three anchors.

- **Taught first.** You practice skills a qualified professional has already taught the child — you reinforce, you don't originate.
- **In the plan.** The skills you work on are written in the child's individual treatment plan and tied to treatment goals.
- **On a team.** You work under treatment supervision and report back to the professional who directs the child's care.

If a skill isn't taught, isn't in the plan, or isn't supervised — pause and check with your supervisor.

Section 4: Staying inside your scope

Knowing your limits keeps children safe and services billable.

- **Reinforce, don't treat.** Help the child rehearse and generalize skills; leave assessment, diagnosis, and therapy to the professional.
- **Follow the plan.** Work only on the goals and interventions in the current treatment plan; if it's not there, don't freelance it.
- **Escalate concerns.** New symptoms, safety worries, or a child who's stuck — bring these to your supervisor promptly.
- **Ask when unsure.** When a situation falls outside what you were taught or what the plan says, ask before you act.

Section 5: Working under the individual treatment plan

The plan is your instruction sheet — read it and use it.

- **Goals & skills.** The plan names the child's treatment goals and the specific skills you help them practice.
- **Interventions.** It describes how those skills are practiced, and how progress is measured.
- **Reviewed regularly.** The professional updates the plan over time; always work from the current version.
- **Your feedback shapes it.** What you observe and document helps the team see what's working and adjust the plan.

Section 6: Supervision and the treatment team

You never work alone — support runs through the team.

- **Treatment supervision.** A mental health professional or clinical trainee provides the treatment supervision your role requires under Minn. Stat. 245I.
- **The team.** Professionals, clinical trainees, practitioners, behavioral aides, and the family each contribute to the child's progress.
- **Bring it back.** Report what you see, ask questions, and get direction — supervision is where your daily work connects to the treatment plan.
- **Grow your skills.** Supervision and ongoing training build the competencies your role depends on.

Section 7: MHBA qualifications and training timeline

What it takes to be an MHBA, and when training is due.

- **Level 1.** The 30-hour training plus a high school diploma/GED, or two years as a primary caregiver of a child with mental illness.
- **Level 2.** The 30-hour training plus an associate or bachelor's degree.
- **Before direct contact.** Complete 30 hours of training — including parent team training — before serving a child.
- **Parent team training.** MHBAs must complete parent team training using a curriculum approved by the commissioner.
- **Within 90 days.** Additional training on trauma, family-centered planning, co-occurring, culturally responsive care, and child development.
- **Every 2 years.** Ongoing: 30 hours of training every two years, based on program needs and your competencies.

Section 8: Documenting your work

If it isn't documented, it didn't happen — and the team can't use it.

- **What you did.** Note the skills practiced, how the child responded, and progress toward the plan's goals — factual and specific.
- **Timely & accurate.** Document promptly, honestly, and only what you observed. Don't guess or embellish.
- **It drives care.** Your notes tell the professional what's working, inform the next plan update, and support the service.

Follow your program's documentation format and timelines — and protect the record's confidentiality.

Section 9: How a visit fits together

The same rhythm, whether you're at home, school, or in the community.

- Review the plan and today's target skills
- Meet the child in their real setting
- Coach and practice the taught skills
- Involve the family where the plan calls for it
- Note what happened and how the child responded
- Report concerns and progress to your supervisor

Consistency and follow-through are what help a child carry a skill from practice into everyday life.

Section 10: Professional boundaries with families

You work closely with families — closeness with structure.

- **Warm and professional.** Build trust and rapport, but keep the relationship centered on the child's treatment goals.
- **Stay in role.** You're not the family's friend, counselor, or case manager — connect them to the right team member for needs outside your role.

- **Consistent and reliable.** Show up, follow through, and keep the family informed within your scope and your program's rules.
- **Protect privacy.** Keep the child's and family's information confidential; share only with the team and only as allowed.

Section 11: Rights, privacy, and reporting

Three duties that protect every child you serve.

- **Client rights.** Children and families have rights under Minn. Stat. 245I.12 — dignity, privacy, information, and freedom from mistreatment.
- **Confidentiality.** Protect health information under the Minnesota Health Records Act and your program's privacy rules.
- **Mandated reporting.** You are a mandated reporter — report suspected maltreatment of a minor (ch. 260E) or a vulnerable adult (626.557) right away.

Apply It — Scenarios

A skill that isn't in the plan
A teacher pulls you aside and asks you to 'work on the child's reading' during your school visit, since you're already there. It's not in the treatment plan.
The right response: → Stay in scope: your role is the psychosocial skills in the treatment plan, not academic tutoring. → Be kind and clear — explain what your role is and isn't, without dismissing the teacher's concern. → Bring it to your supervisor and the team; a school need may call for a different service or plan change. → Keep the child's confidentiality — share only what your role and program allow with school staff.

A safety concern at home
During a home visit, you notice unexplained bruises on the child and the child seems fearful. You're not certain what happened.
The right response: → Your duty is to report — as a mandated reporter you don't need to be certain, only to reasonably suspect. → Make the report to the county or law enforcement as your program's policy directs, right away. → Keep the child safe in the moment and follow your program's emergency and safety procedures. → Document the facts you observed, and tell your supervisor — reporting protects the child.

Key Terms

Term	What it means
CTSS	Children's Therapeutic Services and Supports — rehabilitative mental health services for children.
MHBA	Mental health behavioral aide — helps a child practice skills taught by a qualified professional.
Qualified professional	The mental health professional (or clinical trainee) who directs the child's treatment.
Treatment plan	The written plan naming the child's goals and the skills you help them practice.
Treatment supervision	Direction and oversight of your work by a professional, required under Minn. Stat. 245I.

Psychosocial skills	Social, emotional, and behavioral skills the child practices to meet treatment goals.
Parent team training	Commissioner-approved training MHBAs complete to coach families as part of treatment.
Level 1 / Level 2	MHBA qualification tiers set by training plus education or caregiving experience.

Check Your Understanding

1. What does CTSS stand for?

A. Children's Therapeutic Services and Supports
B. Coordinated Treatment and Support Services
C. Child Trauma Screening System
D. Clinical Team Supervision Standards

Answer: A — CTSS is Children's Therapeutic Services and Supports.

2. What is the primary job of a mental health behavioral aide?

A. Diagnose the child's mental illness
B. Write the child's treatment plan
C. Provide psychotherapy sessions
D. Help a child practice psychosocial skills named in the treatment plan

Answer: D — MHBAs reinforce skills; they don't diagnose, plan, or provide therapy.

3. If a skill isn't taught, isn't in the plan, or isn't supervised, you should:

A. Do it anyway if it seems helpful
B. Teach it to the family instead
C. Add it to the plan yourself
D. Pause and check with your supervisor before acting

Answer: D — When any anchor is missing, stop and check with your supervisor.

4. Which version of the treatment plan should you work from?

A. Whichever version you have handy
B. The first version, always
C. Any version from the past year
D. The current, most recently updated version

Answer: D — Always work from the current plan; it is updated over time.

5. A Level 2 MHBA must have the 30-hour training plus:

A. An associate or bachelor's degree
B. A high school diploma only
C. A doctorate
D. No additional education

Answer: A — Level 2 = 30 hours + associate or bachelor's degree.

6. When should you document a visit?

A. Whenever you get around to it, from memory

B. Only if something went wrong

C. Promptly and accurately, recording only what you observed

D. At the end of the month

Answer: C — Document promptly, honestly, and only what you observed.

7. As a mandated reporter, when do you report suspected maltreatment of a child?

A. Only after you investigate and confirm it

B. Only if the parent admits it

C. Never — it's not your role

D. Right away, when you reasonably suspect it — you don't need to be certain

Answer: D — Mandated reporters report reasonable suspicion promptly.

What You Learned

- CTSS delivers children's mental health services in home, school, and community
- An MHBA helps a child practice skills a qualified professional first taught
- You work only on skills that are in the current individual treatment plan
- You work under treatment supervision and report back to the team
- Level 1/2 qualifications, 30 hours before contact, parent team training, 90-day and biennial training
- Document factually and on time; your notes shape the child's care
- Protect rights and privacy, keep boundaries, and report suspected maltreatment

Next in the series: Child & Adolescent Mental Illness (MHBA-02).

Legal & Training Basis

Content built to Minn. Stat. 245I.04 (mental health behavioral aide qualifications and scope) and 245I.05 (required training), for mental health behavioral aides in Children's Therapeutic Services and Supports (CTSS). This module is one hour of the 30-hour pre-service MHBA training. NOTE: the MHBA parent team training required by 245I.05 must use a curriculum approved by the commissioner (DHS) — this series supports, but does not replace, that approved curriculum. Recognition-level content; diagnosis and treatment belong to the qualified professional. Current as of July 2026.