CareCertify LLC

245I Mental Health Training · CTSS Behavioral Aide Series

MHBA-R1

245I Biennial Refresher

Participant Guide

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

Updated July 2026 — Minn. Stat. 245I.05, subd. 4

Client rights, the Minnesota Health Records Act, and emergency procedures — the recurring must-knows.

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

- State the 245I recurring training requirement and who it covers
- Refresh client rights and protections under Minn. Stat. 245I.12
- Apply the Minnesota Health Records Act — confidentiality and privacy
- Follow emergency procedures for fire, weather, missing person, and medical/behavioral crises
- Refresh mandated reporting of maltreatment
- Keep documentation and everyday practice compliant

Section 1: Why this refresher, and how often

245I ongoing training keeps your core duties sharp.

- **Every 2 years.** Under Minn. Stat. 245I.05, subd. 4, non-professional staff — like mental health behavioral aides — complete 30 hours of training every two years.
- **These core topics.** That recurring training must include client rights and protections, the Minnesota Health Records Act, and emergency procedures.
- **Based on needs.** Topics are tuned to the program's needs and your areas of competency — this module covers the required core.
- **Not just a formality.** These are the duties you use to keep children safe and respected every day — worth refreshing on purpose.

Section 2: Client rights and protections

Children and families have rights — under Minn. Stat. 245I.12 — that you protect.

- **Dignity & respect.** Every child and family is treated with dignity and respect, free from mistreatment, coercion, and discrimination.
- **Information & participation.** They have the right to information about their services and to take part in decisions about treatment.
- **Privacy & grievances.** They have the right to privacy and to voice concerns or grievances without fear of retaliation.

Section 3: Rights in your everyday work

Rights aren't a poster on the wall — they show up in how you act.

- **Honor their voice.** Listen to the child and family, respect their choices within the plan, and never dismiss or shame them.
- **Keep them informed.** Within your role, help them understand what's happening and where to bring questions or concerns.
- **Protect from harm.** Never use coercion, threats, or prohibited practices; keep the relationship safe and respectful.

If you're ever unsure whether an action respects a client's rights, pause and ask your supervisor.

Section 4: When a family raises a concern

A grievance is a right, not a problem to shut down.

- **Welcome it.** Take concerns seriously and respond with respect; families who feel heard stay engaged in treatment.
- **Route it correctly.** Follow your program's grievance process; connect the family to the right person to resolve it.
- **No retaliation.** A family's care and treatment are never affected by their raising a concern — that protection is the point.
- **Document it.** Record the concern and how it was handled, per your program's policy.

Section 5: The Minnesota Health Records Act

Client information is protected — share only as the law and consent allow.

- **Confidential by default.** Health records and client information are private; you don't share them outside the team without proper authorization.
- **Release with consent.** Disclosing to outside parties generally requires a valid, specific written consent — follow your program's release process.
- **Minimum necessary.** Even with the team, share only what's needed for the child's care — not everything you know.
- **Minors & families.** Rules about who may access a minor's records can be nuanced; when unsure, check with your supervisor before sharing.

Section 6: Privacy in everyday practice

Most breaches are small, everyday slips — prevent them.

- **Watch where you talk.** Don't discuss a child in hallways, public places, or on social media; conversations belong in private, with the team.
- **Secure the records.** Keep notes, devices, and paperwork secured; don't leave client information where others can see it.
- **Careful with families.** Don't share one family member's private information with another without consent.

- **When unsure, don't.** If you're not sure you can share something, pause and ask — a wrongful disclosure can harm a child and family.

Section 7: Emergency procedures to know

Know your program's plan for each of these before you need it.

- **Fire.** Know evacuation routes, alarms, and meeting points; get children to safety first, then account for everyone.
- **Severe weather.** Know shelter locations and the plan for tornadoes and severe weather; move calmly and keep children together.
- **Missing person.** Know the immediate steps if a child is missing — search, alert, notify, and follow your program's protocol without delay.
- **Behavioral emergency.** Use de-escalation, keep everyone safe, and get help; follow the child's crisis plan and your program's procedures.
- **Medical emergency.** Call for help and 911 for serious injury or illness; give first aid if trained, and stay with the child.
- **Know your plan.** Your program's specific emergency procedures always govern — know them, and know where to find them.

Section 8: Mandated reporting refresher

You are a mandated reporter — this duty never lapses.

- **Reasonable suspicion.** You report when you reasonably suspect maltreatment — you don't need proof, and you don't investigate first.
- **Report right away.** Report suspected maltreatment of a minor (ch. 260E) or a vulnerable adult (626.557) promptly, per your program's policy.
- **Then tell your supervisor.** Keep the child safe, follow safety procedures, document the facts, and notify your supervisor.

Reporting protects the child. When in doubt, report — that is always the safe choice.

Section 9: Responding to an emergency

A calm, safe sequence for any emergency.

- Keep the children and yourself safe first
- Follow the specific plan (fire, weather, missing, medical, behavioral)
- Call for help — a supervisor, trained staff, or 911
- Account for every child and stay with them
- Follow through until the emergency is resolved
- Document what happened and report per policy

If there is immediate danger, call nine one one — emergency help comes before anything else.

Section 10: Documentation that protects everyone

Accurate, timely records support care and compliance.

- **Factual & specific.** Record what you observed and did — not opinions or labels — for services, incidents, and emergencies.
- **Timely.** Document promptly per your program's timelines; memory fades and records must be reliable.
- **Confidential.** Store and share records only as the Health Records Act and your policies allow.
- **Incidents & emergencies.** Complete required incident and emergency reports fully and honestly — they protect the child and the program.

Section 11: Keeping current and in scope

A refresher is also a reset on your role.

- **Reinforce, don't diagnose.** You still practice skills a professional taught and work within the treatment plan — the core MHBA anchors hold.
- **Use supervision.** Bring questions and concerns to supervision; ongoing training and supervision keep your competencies current.
- **Know where to look.** Know where your program keeps its policies, rights information, and emergency procedures — so you can find them fast.

Apply It — Scenarios

A records request
A relative calls asking you to share details about the child's treatment 'since they're family.' You don't know if there's a signed release.
The right response: → Don't disclose — client information is confidential; family status alone doesn't authorize sharing. → Route it — refer the request to your supervisor and your program's release-of-information process. → Verify consent — information is shared only with a valid, specific written authorization. → Document the request and how you handled it, per policy.

Severe weather during a visit
A tornado warning sounds while you're at the program with several children. Some are anxious and one starts to panic.
The right response: → Follow the weather plan — move everyone calmly to the designated shelter location right away. → Keep children together and account for each one; your calm helps them stay regulated. → Support the panicking child with co-regulation while keeping the group safe. → After it clears, document what happened and complete any required emergency report.

Key Terms

Term	What it means
245I.05, subd. 4	The recurring-training rule: 30 hours every 2 years for non-professional 245I staff.
Client rights	Protections under Minn. Stat. 245I.12 — dignity, information, participation, privacy, grievances.
MN Health Records Act	Minnesota law protecting the confidentiality of client health information.
Consent / release	A valid, specific written authorization to disclose client information.

Minimum necessary	Sharing only the information needed for the child's care.
Emergency procedures	Your program's plans for fire, weather, missing person, and medical/behavioral crises.
Mandated reporter	You must report suspected maltreatment promptly, on reasonable suspicion.
Grievance	A concern a client may raise without retaliation, handled per program policy.

Check Your Understanding

1. How often must non-professional 245I staff (like MHBAs) complete recurring training?

A. 30 hours every two years

B. Annually

C. Once at hire only

D. Every five years

Answer: A — Minn. Stat. 245I.05, subd. 4 sets 30 hours every 2 years.

2. Which is a client right?

A. Waiving all privacy at intake

B. Being denied information

C. Being coerced into treatment

D. Dignity, information, participation, privacy, and voicing grievances without retaliation

Answer: D — Rights include dignity, information, participation, privacy, grievances.

3. The Minnesota Health Records Act means client information is:

A. Public record

B. Shareable with anyone

C. The aide's to post

D. Confidential — shared outside the team only with proper authorization

Answer: D — Confidential by default; release requires consent.

4. If you're not sure you can share a piece of client information, you should:

A. Share it to be helpful

B. Post it privately

C. Assume it's fine

D. Pause and ask before sharing

Answer: D — When unsure, don't share; ask first.

5. At a store, a friend asks about 'that kid you work with' by name. You should:

A. Not confirm or discuss anything — even that the child is a client

B. Give a quick update

C. Confirm the child is a client

D. Share general progress

Answer: A — A child's involvement in services is confidential.

6. Good documentation is:

A. Opinion-based

B. Delayed and vague

C. Factual, specific, timely, and confidential

D. Shared publicly

Answer: C — Record facts promptly; keep records confidential.

7. A tornado warning sounds during a visit. You should:

A. Continue the activity

B. Send children home alone

C. Wait to see the weather

D. Follow the weather plan, move to shelter, and account for every child

Answer: D — Follow the severe-weather plan calmly.

What You Learned

- 245I recurring training is 30 hours every 2 years for non-professional staff
- Client rights under 245I.12 — dignity, information, participation, privacy, grievances
- The Minnesota Health Records Act keeps client information confidential; release needs consent
- Prevent everyday privacy breaches — watch where you talk and secure records
- Know your program's emergency procedures — fire, weather, missing person, medical, behavioral
- You remain a mandated reporter — report suspected maltreatment promptly
- Document factually and on time, and stay within your MHBA scope

Complete this refresher on your program's schedule as part of the 30-hours-every-2-years requirement.

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.