



Medi-Cal Peer Support Specialist Certification Preparation Guide

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Medi-Cal Peer Support Specialist Certification Preparation Guide

Prepared by:



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Director Foreword

Congratulations on your interest in advancing your professional development! Thank you for your openness in sharing your recovery to support others in their recovery journey.

The California Mental Health Services Authority would like to honor the advocacy for greater inclusion of peer support in mental health and substance use disorder programs in the public behavioral health system. The years of advocacy by individuals, families, communities and interested stakeholders resonates with many as evident through the passing of Senate Bill 803. This bill offered the public behavioral health system an additional pathway for peer support and workforce development.

We acknowledge the commitment by the Department of Health Care Services in uplifting the Peer voice in its Medi-Cal programs and for funding opportunities, including funding of scholarships for Medi-Cal Peer Support Specialist certification.

We also acknowledge the advocacy and support of the CalMHSA Stakeholder Advisory Council Members as well as the community for continued advocacy in the implementation of a standardized certification for Medi-Cal Peer Support Specialists in California.

CalMHSA stands with you in the belief that recovery is possible.

Learn more about Medi-Cal Peer Support services on the [Department of Healthcare Services website](#).

Learn more about Medi-Cal Peer Support Specialist certification on the CalMHSA website: [CAPeerCertification.org](https://www.calmhhsa.org/CAPeerCertification.org)

Sincerely,



California Mental Health Services Authority

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Introduction and Purpose

INTRODUCTION

The Medi-Cal Peer Support Specialist Certification Exam is required for all applicants seeking to be a certified Medi-Cal Peer Support Specialist (PSS) for the state of California. Peer Support Specialists play a key role in the prevention, early intervention, treatment, and recovery process of individuals living with mental health and substance use disorders.

With the passing of Senate Bill 803, the Department of Health Care Services (DHCS) established core competencies and a Code of Ethics for Medi-Cal Peer Support Specialists and developed statewide standards for certification programs. The California Mental Health Services Authority (CalMHSA) was selected by county public behavioral health plans as the certifying body for the certification of Medi-Cal Peer Support Specialists. In January 2022, the Human Resources Research Organization (HumRRO) began a project with CalMHSA to examine the knowledge and job skills necessary for certification as a Medi-Cal Peer Support Specialist. CalMHSA contracted HumRRO's support to develop the Medi-Cal Peer Support Specialist Certification Exam.



PURPOSE OF THE GUIDE

This guide is designed as a study aid to help you prepare for taking the Medi-Cal Peer Support Specialist certification exam. The more familiar you are with test-taking strategies, the more you will be able to focus on applying your knowledge rather than on the testing environment. To do your best on the Medi-Cal Peer Support Specialist Certification Exam, it is important that you take the necessary time to prepare for the test and develop the skills that will help you take it. **PLEASE NOTE:** this Guide is meant to help you prepare for the exam by highlighting what to expect and is not intended to be used as study material. This Guide is divided into sections that discuss:

- The knowledge to be tested in this exam,
- Tips for preparing for the exam, and
- Examples of exam questions.

This Guide was developed by HumRRO in consultation with CalMHSA. It is important to note that the test questions are designed for the Medi-Cal Peer Support Specialist certification process and are not exhaustive.

Peer Support Specialist Basics

In order to accurately reflect the work of a Peer Support Specialist, HumRRO conducted a job task analysis survey to determine which knowledge and job skills statements are critical to the job. CalMHSA's executive team sent out announcements with the survey link, inviting individuals, stakeholders, community members, and relevant organizations to participate in the survey. With subject matter experts with different backgrounds from multiple locations and across various roles, we gained a diverse perspective, resulting in a complete picture of the job.

Over 1,486 participants accessed the survey to rate the knowledge and job skills. Of the participants, approximately 694 (47%) surveys were completed and used in the final analysis.

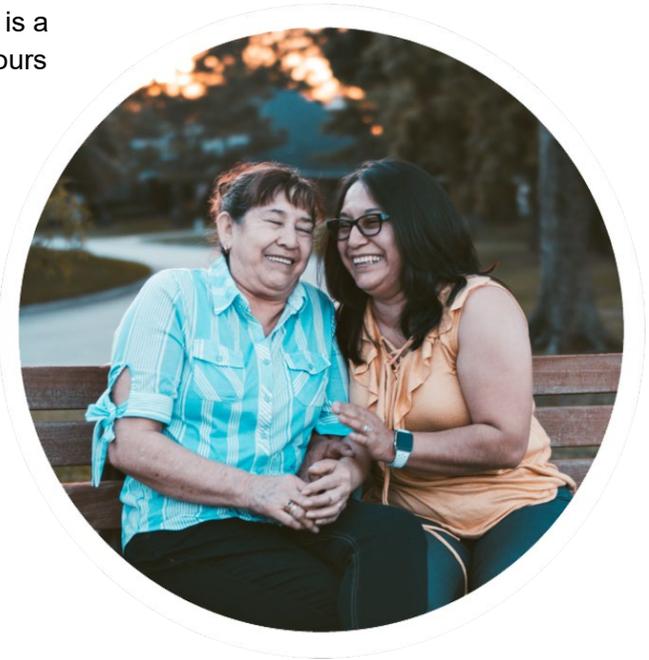
Survey participants represented diverse perspectives and backgrounds. All participants were 18 and older. Gender identity consisted of cisgender and non-cisgender viewpoints. Demographic composition included those from White, Hispanic, or Latino, Black or African American, Asian, American Indian or Alaskan Native, and self-identified racial/ethnic backgrounds. Participants primarily spoke English, Spanish, Chinese, though other languages were also represented. Participants had a range of educational attainments, spanning from some high school to professional degrees. Some, but not all participants, had experience as a Peer Supporter. Lastly, participants indicated working with differing populations like the unhoused, children, LGBTQIA+, and in crisis services.

MEDI-CAL PEER SUPPORT SPECIALIST CORE COMPETENCIES

1. The concepts of hope, recovery, and wellness.
2. The role of advocacy.
3. The role of consumers and family members
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
5. Cultural and structural competence trainings.
6. Trauma-informed care.
7. Group facilitation skills.
8. Self-awareness and self-care.
9. Co-occurring disorders of mental health and substance use.
10. Conflict resolution.
11. Professional boundaries and ethics.
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
13. Safety and crisis planning.
14. Navigation of, and referral to, other services.
15. Documentation skills and standards.
16. Confidentiality.
17. Digital literacy.

Examination Content

The Medi-Cal Peer Support Specialist Certification Exam is a 120-item multiple-choice test. Candidates will have 2.5 hours to complete the exam. The exam is designed to measure a candidate's competency in the following eight dimensions, which are broken down further in the **Examination Blueprint**:



- **Administration Responsibilities**
Examples of information: Ability to keep health records, adhere to professional standards, maintain confidentiality, collaborate with others, and have basic computer skills.
- **Behavioral Health Foundations**
Examples of information: Knowledge of mental health and substance use disorders and their associated treatments and recovery approaches, Knowledge of Peer recovery approaches and techniques to support recovery and well-being.
- **Interpersonal Skills**
Examples of information: Active listening, empathy, self-disclosure about lived experience, resilience, self-awareness, self-care, cultural awareness, trust, and mutual respect.
- **Recovery Support**
Examples of information: Knowledge of traditional behavioral health support and harm reduction models, recognition of differences between the peer support worker role and clinical provider role, person-centered destigmatizing language, coaching, effective coping strategies.
- **Advocacy**
Examples of information: Promotion of self-advocacy, empowerment skills, stigma, formal channels for advocacy.
- **Community Inclusion**
Examples of information: Encouraging engagement with social networks and building and strengthening social skills, serving as a liaison, empowerment in community-based activities.
- **Resource Linkage**
Examples of information: Assist in accessing community services and resources, visit/explore community resources, identify and secure resources related to treatment, recovery, and wellness.
- **Crisis Management**
Examples of information: Ability to identify helpful resources, develop strategy for planning/managing behavioral health crises, identify signs of behavioral health crises, engage in supportive response skills and encouragement.

The development of a valid exam begins with a job analysis, or a clear and concise definition of the tasks, knowledge, and skills needed for a competent job performance. HumRRO conducted a job task analysis survey to determine which knowledge and job skills statements are critical to the job of a Peer Support Specialist.

Participants who accessed the survey were asked to rate knowledge and job skills statements on: (1) how frequently the task described in the statement is performed, (2) how often the knowledge is used, and (3) how vital each knowledge and job skill is to the job of a Peer Support Specialist.

Participants were asked to provide ratings for the frequency and importance of each knowledge and job statement on a six-point Likert scale.

- The frequency with which a Peer Support Specialist performs a work activity in their current job was measured from “0 = Never” to “5 = Hourly or more (several times an hour or more)”
- The importance of the work activity to effective performance as a Peer Support Specialist was measured from “0 = Not part of the work” to “5 = Extremely important”

Overall, the job task analysis results show that most job tasks were conducted with a minimum frequency of “Weekly” to “Daily” and had a minimum importance of “Important” to “Very important” according to respondents. The average rating and variation in importance scores for each topic area provides evidence that all job and knowledge statements are relevant to the Peer Support Specialist role and, therefore, essential to the Medi-Cal Peer Support Specialist Certification Exam.

The **Examination Blueprint** identifies the number of questions per dimension, as well as the number of items per job task within each dimension, necessary to ensure the exam results reflect the individual competency of the test taker.

Examination questions are written by certified individuals or those deemed subject matter experts (SMEs) in the Peer Support field. SMEs are trained in item writing best practices and assisted by psychometrics when writing the questions. To ensure that the exam questions are comprehensive and accurately portray the diverse backgrounds of Peer Support Specialists, the SMEs are from different locations, maintain roles in a variety of work settings, work with a variety of consumers, and have experience as Peer Supporters.

All examination questions are written in a multiple-choice format with four (4) response options. One of these options represents the BEST response and credit is granted only for selection of this response.

The Medi-Cal Peer Support Specialist Certification Exam is composed of three types of questions: A) understand/recall, B) apply, and C) analyze. The understand/recall questions are considered less rigorous items requiring foundational knowledge of terminology, definitions, and basic concepts. These questions will take less time to read through and answer since they are less mentally taxing. Application and analysis questions are written at a more complex level to assess skill and mastery of Peer Support job activities and responsibilities. More cognitively complex questions, such as application and analysis, require some critical thinking and problem-solving. Therefore, they will take more time to read through and answer. The breakdown of the question types are as follows:



Understand/recall questions: These questions contain only one (1) sentence.

Example: What is a Peer Support Specialist?

Apply questions: These questions contain one sentence that provides context and then the question. So, there are two (2) sentences total in this type of exam question.

Example: A consumer¹ tells a Peer Support Specialist they want to make friends but does not know how. What action would the Peer Support Specialist take to support the consumer?

Analyze questions: These questions contain two sentences that provide background information and then the question. So, there are three (3) sentences total in this type of exam question.

Example: A consumer mentions a topic that is unfamiliar to the Peer Support Specialist. The Peer Support Specialist asks their team members for clarity on the topic, but the team members are also unfamiliar with the topic. What is the next action the Peer Support Specialist would take?

PLEASE NOTE: These sample items are not exhaustive and should not be used to prepare for the exam. They are simply standards to familiarize you with the format of the types of questions. Please refer to the tips and practice questions in the **Best Practices for Exam Preparation** and **Practice Examination Questions** sections for ways to optimize your success on the exam.

¹The definition of a “consumer” is included in the **Glossary**.

EXAMINATION BLUEPRINT

Table 1. Administrative Responsibilities

| 1. Administrative Responsibilities (9.9%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 1.1. Document the peer support services in a thorough and timely manner in the individual's health record. | 2% | 2 |
| 1.2. Maintain professional standards and boundaries by observing the guidelines established by the agency you represent. | 2% | 2 |
| 1.3. Maintain confidentiality related to mental health and substance use treatment and services, both internally and externally, to the agency. | 3% | 3 |
| 1.4. Collaborate with multidisciplinary team members to coordinate care (e.g., post-hospitalization, post-incarceration re-entry services, residential treatment). | 1% | 1 |
| 1.5. Participate in agency staff meetings, training, individual/group supervision, care coordination meetings, and other relevant professional meetings. | 1% | 1 |
| 1.6. Use basic computer skills to navigate the internet, conduct research, and communicate with team members about the individual's care needs. | 1% | 1 |
| Subtotal | 10% | 10 |

Table 2. Behavioral Health Foundations

| 2. Behavioral Health Foundations (11.6%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 2.1. Knowledge of mental health conditions and available treatment options across the lifespan. | 2% | 2 |
| 2.2 Knowledge of substance use challenges and available treatment options across the lifespan. | 3% | 3 |
| 2.3. Be familiar with resiliency, recovery, and wellness approaches and techniques specific to individuals with mental health needs. | 3% | 3 |
| 2.4. Be familiar with recovery approaches and peer support techniques specific to individuals with substance use challenges. | 3% | 3 |
| Subtotal | 11% | 11 |

Table 3. Interpersonal Skills

| 3. Interpersonal Skills (16.9%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 3.1. Use active listening skills and/or motivational interviewing techniques to identify and understand the individual's unique needs. | 2% | 2 |
| 3.2. Use empathy to recognize the individual's unique experiences, perceptions, and worldview. | 2% | 2 |
| 3.3. Use effective self-disclosure as a tool to validate the individual's lived experience to promote hope, resiliency, and coping strategies. | 2% | 2 |
| 3.4. Use lived experience with recovery to engage, model, and demonstrate that individuals can achieve resiliency and wellness. | 2% | 2 |
| 3.5. Practice self-awareness to ensure that the individual's resiliency and recovery remain the focal point of the peer support relationship. | 2% | 2 |
| 3.6. Practice self-care to engage in activities to reduce stress, maintain personal health and work-life balance. | 2% | 2 |
| 3.7. Work effectively with individuals from diverse backgrounds, being respectful and responsive to their cultural beliefs and practices. | 2% | 2 |
| 3.8. Build trust and mutual respect by seeking permission and partnership from the individuals for every phase of the recovery and wellness journey. | 2% | 2 |
| 3.9. Model an equitable relationship of giving and receiving between the individual and the Peer Support Worker. | 1% | 1 |
| Subtotal | 17% | 17 |

Table 4. Recovery Support

| 4. Recovery Support (15.0%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 4.1. Knowledge of the peer, consumer, and family member recovery movement and/or harm reduction models. | 1% | 1 |
| 4.2. Understand the difference between the role of a peer support worker and clinical providers in the individual’s care. | 1% | 1 |
| 4.3. Knowledge of traditional behavioral health and harm reduction models. | 1% | 1 |
| 4.4 Introduce and explore person-centered destigmatizing language choices. | 2% | 2 |
| 4.5. Provide consensual, individualized, ongoing guidance, coaching, and support to ensure self-determination for individuals. | 1% | 1 |
| 4.6 Utilize specific tools and models (e.g., harm reduction, mindfulness) to assist individuals in creating their own wellness and recovery plans. | 1% | 1 |
| 4.7. Assist individuals in identifying their personal interests, goals, strengths, and barriers to wellness. | 2% | 2 |
| 4.8. Help individuals brainstorm strategies and problem-solve solutions to overcome barriers. | 1% | 1 |
| 4.9. Help individuals cultivate problem-solving skills to make informed, independent decisions. | 1% | 1 |
| 4.10. Share and model effective coping techniques and self-help strategies to promote resiliency, recovery, and wellness for individuals. | 1% | 1 |
| 4.11. Provide individuals with tools or knowledge to support a self-driven perspective in collaboration with other service providers. | 2% | 2 |
| 4.12. Explore ambivalence to support individuals in devising wellness and recovery plans for desired change. | 1% | 1 |
| Subtotal | 15% | 15 |

Table 5. Advocacy

| 5. Advocacy (12.1%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 5.1. Promote self-advocacy to help individuals establish personal needs, goals, and objectives as their focal points of rehabilitation, resiliency, recovery, and wellness. | 5% | 5 |
| 5.2. Assist individuals in developing empowerment skills and combating stigma (i.e., public, structural, and self) through self-advocacy. | 5% | 5 |
| 5.3. Use formal channels to advocate for the individual’s rights to services. | 2% | 2 |
| Subtotal | 12% | 12 |

Table 6. Community Inclusion

| 6. Community Inclusion (9.6%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 6.1. Use peer support practices to increase social networks, deepen social relationships, and cultivate a meaningful role for individuals. | 2% | 2 |
| 6.2. Assist individuals in increasing social support networks of relatives, friends, and/or significant others. | 2% | 2 |
| 6.3. Assist individuals in building interpersonal and social skills to engage the community and professional resources. | 2% | 2 |
| 6.4. Serve as a liaison for collaboration with individuals, agency staff, family, friends, community partners, and other relevant stakeholders (e.g., politicians, coalitions, and special interest groups). | 2% | 2 |
| 6.5. Empower individuals to take advantage of opportunities at varying levels of involvement in community-based activities (e.g., work, school, relationships, advocacy groups, physical activity, self-directed hobbies, volunteering, etc.). | 2% | 2 |
| Subtotal | 10% | 10 |

Table 7. Resource Linkage

| 7. Resource Linkage (12.7%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 7.1. Assist individuals in accessing community services and community resources, including social service benefits (e.g., Medicaid, public assistance, and housing). | 4% | 4 |
| 7.2. Share community resources for mental health and substance use challenges. | 2% | 2 |
| 7.3. Visit community resources with individuals to assist them in becoming familiar with potential opportunities. | 2% | 2 |
| 7.4. Assist individuals in identifying and securing resources for all aspects of treatment, recovery, and wellness, including transitions in care (e.g., post-hospitalization, post-incarceration re-entry services, residential treatment). | 5% | 5 |
| Subtotal | 13% | 13 |

Table 8. Crisis Management

| 8. Crisis Management (12.1%) | Blueprint % | Items per Knowledge, Skills, & Abilities (KSA) |
|-------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------|
| 8.1. Identify community resources that individuals can turn to for immediate help in a behavioral health crisis. | 3% | 3 |
| 8.2. Help individuals develop an advanced strategy for planning and managing behavioral health crises. | 3% | 3 |
| 8.3. Identify signs and symptoms of a behavioral health crisis and activate supportive response skills where necessary. | 2% | 2 |
| 8.4. Provide encouragement and ongoing support to individuals through the resolution of the behavioral health crisis. | 4% | 4 |
| Subtotal | 12% | 12 |

Best Practices for Exam Preparation

ELIGIBILITY REQUIREMENTS AND REGISTRATION

The Medi-Cal Peer Support Specialist Certification Exam is administered exclusively by CalMHSA. Eligibility requirements were established by the Department of Health Care Services. Registration processes are determined by CalMHSA. Candidates interested in taking the Medi-Cal Peer Support Specialist Certification Exam must do so through the CalMHSA certification website. Information can be found at <https://www.capeercertification.org/>.

Upon application approval, candidates will receive information from CalMHSA on how to register for the exam. The exam will be proctored through Person VUE's online delivery system, OnVUE. Using the OnVUE system, a live proctor will monitor all test takers through the computer webcam to provide a secure exam experience. Candidates can learn more about the online proctoring process at the Pearson OnVUE website, [OnVUE Online Proctoring: What to Expect for Your Online Exam](#).

Rescheduling, Cancelling, and Missed Examinations

Examinations must be cancelled or rescheduled **PRIOR** to the scheduled examination date. OnVUE allows candidates to reschedule or cancel their exams up to the scheduled appointment start time. If candidates fail to reschedule or cancel the exam before their appointment time or fail to appear for the appointment, they forfeit their exam fee.

If one of these reasons prevents a candidate from testing, they must contact CalMHSA directly and provide sufficient documentation of the event that has occurred. There will be no additional fee incurred under these circumstances. CalMHSA can be reached at PeerCertification@calmhsa.org and by telephone at +1-279-234-0699.

If candidates fail to show up for an examination or do not have the proper identification, they will not be permitted to sit for their exam. They will be considered a "No-Show," examination fees will be forfeited, and they will be required to re-register and pay all examination fees to CalMHSA prior to scheduling another exam.

Accommodations

CalMHSA approves reasonable accommodations on a case-by-case basis. Please review the policy on the CalMHSA [website](#) for detailed information. If you believe you require reasonable accommodations, please submit your request to CalMHSA.

TEST ADMINISTRATION DETAILS

Test Administration Overview

The Medi-Cal Peer Support Specialist Certification Exam is a multiple-choice exam consisting of 120 questions. Each question has four possible responses from which to choose. Candidates have 2.5 hours to complete the exam. There is a 10-minute break halfway through the exam after candidates complete Question 60. Please note, following the 10-minute break, due to exam security, a candidate will not be permitted to go back, and review previously answered questions.

The exam will be administered and proctored through Pearson Vue's **online** delivery system, OnVUE. The exam will remain open and accessible throughout the course of the year.

Be sure to have your government-issued ID with you when you sit down to take the Medi-Cal Peer Support Specialist Certification Exam. Also be sure to check your computer system prior to the exam date to ensure your computer and operating system are compatible with the OnVUE requirements.

The Medi-Cal Peer Support Specialist Certification Exam will begin with a brief tutorial. Extra time is allotted to complete the tutorial.

Any attempts to cheat during the exam will be considered a major infraction and will result in termination of the exam. Candidates who cheat or attempt to cheat will face the following minimum sanctions: denial of certification for no less than one year, inability to sit for examination until a one-year period elapses, mandatory completion of six continuing education hours in law and ethics from an approved training entity (valid proof of completion of continued education must be submitted along with application for reinstatement of certification). Additionally, candidates who cheat or attempt to cheat risk permanent revocation of Peer Support Specialist certification.

Any violations of exam security by attempts to compromise exam integrity will result in permanent denial of application for Peer Support Specialist certification.

Scoring

Determining a Passing Score

A candidate's exam score is based on the total number of questions answered correctly.

The passing scores for the Medi-Cal Peer Support Specialist Certification Exam are established through a process called standard setting. During standard setting, a panel of subject matter experts (SMEs) working in the Peer Support field determined the level of knowledge a candidate must demonstrate in order to pass the exam. This level of knowledge is then referred to as a cut score. All candidates that meet or exceed the cut score for the exam will earn a passing mark.

Receiving Score

This year's initial exam is the inaugural Medi-Cal Peer Support Specialist certification exam. Therefore, the items included in the exam have not yet been piloted or evaluated for performance. On each exam, there are pilot items. Pilot items do not influence final scores or a pass/fail status. They are not uniquely identified on examinations and appear randomly. CalMHSAs use pilot items to pilot newly written items to ensure quality of future exams and provides verification that questions are relevant to competency.

For this inaugural exam, test takers will receive their exam score in four (4) to six (6) weeks via email. CalMHSA has made available the inaugural exam to eligible candidates interested in being “early test takers.” Interested candidates may elect to be an early test taker directly on the application form.

Following the inaugural period, all test takers will receive their exam score within the same day. After submitting the exam, test takers will receive an auto-score result on the computer.

Test Retake Policy

Candidates interested in retaking an exam may do so by submitting a new application immediately following the exam. There is no wait-period for submitting a new application for a retake, however, please note, application processing times apply. To schedule a retake exam a candidate may complete a new application and submit payment on the CalMHSA certification website. Candidates are permitted to attempt the exam a total of three (3) times during the 12 months after an approved application.

Appeals Process

If you disagree with your score, you will have the opportunity to appeal it. For information on how to file an appeal, please visit the CalMHSA certification website at CAPeerCertification.org.

RECOMMENDED STUDY SKILLS

Goal Setting

Setting specific, realistic goals is one way you can prepare for the test. However, it is important to set time aside to plan out goals that work for *you*. Consider how you most effectively study and build that into the goals that you set. Example goals:

- Review the exam preparation guide in its entirety
- Commit to studying at a specific time, or a certain amount of time, on certain days

Time Management

Preparing for an exam is a commitment that requires a substantial amount of time. In order to effectively use the time, it is important to keep track of deadlines and monitor how you are using your time. Example time management strategies:

- Use a calendar & mark the exam date in it
- Use a timer to schedule study sessions & break sessions

Organization

With test preparation, you may encounter various resources that you wish to use to study, or you may have other sources of content that you wish to organize for future use. It can be helpful to develop an organizational system for these sources, as well as your thoughts. Organization strategies include:

- Create study checklists to stay on track of content
- Use flashcards to organize and review key concepts

Active Learning

Learning and retention of information can be facilitated using active learning strategies. Rather than engaging with learning material in only one way (e.g., reading), it can be helpful engage with it in multiple ways (e.g., highlighting important concepts while reading). Active learning strategies include:

- Group similar ideas and concepts together while studying
- Annotate important concepts while reading

STUDYING FOR THE TEST

To focus your efforts, you should look at the knowledge areas listed in the **Examination Content** and then try to find information and relevant examples of that knowledge area.

Here is an example:

Pretend you are a Peer Support Specialist and are trying to find information about community support resources. If you only had this study material for this test, where would you look? Think through the other knowledge areas in this same way.

Think about these tips in your study efforts as well:

- Create sample questions based on the source material and the knowledge areas. Learn and/or memorize areas that appear relevant for the critical knowledges listed above.
- Use flash cards to help you memorize key information. Create these by using 3x5 index cards with key issues on the front and answers on the back.
- Think of other ways to memorize information through the use of mnemonics, such as memory formulas and phrases.
- Write notes on the important information you discover during your studies. Some people remember better after writing things down.
- Some candidates have said that forming a study group with others has proved helpful. Each member could provide outlines or key concepts/issues from certain parts of the source material. How these relate to the various knowledge areas could be discussed.
- Space out your study time rather than cramming at the last minute.

EFFECTIVE TEST TAKING STRATEGIES

The following tips will help you prepare for the test:

- Be sure to eat before the test. Some foods, such as fresh fruits and vegetables, can help to reduce stress. Foods that can increase stress should be avoided (e.g., artificial sweeteners, chocolate, fried foods, junk food).
- Watch the short video [OnVUE Online Proctoring: What to Expect for Your Online Exam](#).
- Review Pearson Vue's detailed policies and procedures for taking an exam through OnVUE.
- Run a system test and exam simulation 1-2 days before the day of your exam to ensure that your computer and operating system are compatible with the OnVUE requirements.
- Prepare your testing area. Identify a quiet location with good internet connectivity and clear up any unnecessary items from the surrounding test area.
- Prepare for the test mentally. Visualize yourself being calm and collected during the test.
- Have confidence that you will do well. Stay calm and avoid putting too much pressure on yourself. Some anxiety is normal, but if you feel overwhelmed and anxious, your test performance may suffer. Instead, focus on doing the best you can.
- If necessary, use relaxation techniques to calm yourself. For example, take several slow, deep breaths or stretch to help you relax.

READING THE TEST QUESTIONS AND PICKING ANSWERS

Know how many hours and minutes you have to complete the exam. You will have **2.5 hours (150 minutes)** to complete the entire 120-question exam. You are responsible for monitoring your use of the allotted time.

The amount of time it takes to read a question will depend on the question type. As a reminder, the Medi-Cal Peer Support Specialist Certification Exam is composed of three types of questions: **A)** understand/recall, **B)** apply, and **C)** analyze. The understand/recall questions may take less time to read through and answer since they are considered less mentally taxing. Application and analysis questions will take more time to read through and answer since they require some critical thinking and problem-solving. A further breakdown of each question type can be found in the [Examination Content](#) section of this Guide.

Tips for Answering Multiple-Choice Questions

Think about the following when reading the questions:

- Read the directions carefully. Then, re-read the instructions to ensure you understand them.
- Read the entire test question and each possible answer carefully before choosing the answer you think is best. A common mistake is to choose the first answer that you come to that “sounds good.” Don't fall into this trap!
- If you find yourself overthinking a question, go ahead and answer the question but note this so you can return to it later. You could mark the “Review” box if you want to review your answer after you finish going through all the questions. If you want to revisit questions, be sure to leave enough time to revisit those questions.

- Do not “read into” the question or possible answers. Look at the question as it is asked.
- Do not get stuck on words or sentences you do not understand: You may still get the main idea of the sentence or paragraph without understanding the individual word or the individual sentence.

Keep these ideas in mind when picking an answer:

- Use the process of elimination. Try to decide if any of the options are clearly wrong to you. Once you have eliminated one option, your chance of choosing the correct answer increases.
- Do not believe the myth that suggests that “C” is the most common correct answer. The correct answer is distributed across A, B, C, and D. If you pick the same letter for all of your answers (A, B, C or D), your result will be a low score on the test.
- **DO NOT LEAVE ANY QUESTION UNANSWERED.** Knowing the answer is best, of course, but guessing is still better than leaving a question blank. You will have the opportunity to review your answers at the end of the exam and make any changes before the 2.5 hours allotted to take the exam ends.
- The exam does NOT have any of the following types of answers:
 - All of the above
 - None of the above
 - A and B

TEST ANXIETY

Up to this point, the information in this guide has covered what will be on the exam and how to study, but what happens when you have prepared hard for a test only to find yourself so nervous on the test day that you cannot respond to the questions? Test anxiety, or that feeling of being so nervous that you freeze up while either about to take a test or during the test itself, is something that can happen even when you feel confident that you have effectively prepared yourself. If this sounds like you and you feel as though test anxiety is a barrier that keeps you from performing at your best, it can be helpful to speak to your supervisor or colleagues. They can guide you to resources to help address this issue.

Glossary

A

Adult: an individual who is 18 years of age or older.

B

Beneficiary/Recipient: an individual who receives peer services from a Medi-Cal Peer Support Specialist.

C

California Mental Health Services Authority (CalMHSA): the certifying entity approved by the California Department of Health Care Services (DHCS) to certify peer support specialists, peer support specialist training entities, and peer support specialist continuing education providers.

Certificant: an individual who has been certified as a Medi-Cal Peer Support Specialist by CalMHSA.

Certification: indicates all requirements of a Medi-Cal Peer Support Specialist have been met.

Certifying Entity: indicates CalMHSA, the organization selected by California Counties, with a plan approved by the Department of Health Care Services, to certify Medi-Cal Peer Support Specialists and approve training providers.

Code of Ethics: a set of guidelines a certified Medi-Cal Peer Support Specialist in California adheres to around their roles and responsibilities and levels of responsibility in which they function professionally.

Consumer: a person who is receiving mental health and/or substance use disorder (behavioral health services) in a public county behavioral health delivery system.

Continued Education: the education a Certificant receives to further develop their professional knowledge around best practices, updated laws, and/or specialized training.

Core Competencies: minimum knowledge base necessary to perform role or job activities as a Medi-Cal Peer Support Specialist in California.

County Reciprocity: the recognition of certified Medi-Cal Peer Support Specialists by public county behavioral health plans.

Culturally Appropriate Services: a certified Medi-Cal Peer Support Specialist is promoting engagement in a manner that best aligns with the cultural beliefs and practices of the person they serve.

D

Dual Relationship: a Medi-Cal Peer Support Specialist's non-therapeutic relationship with a recipient of care. It includes any activity identified as not allowed within the Code of Ethics.

G

Grandparenting Process: the process by which an individual who is employed as a peer on January 1, 2022, or prior to that date, are eligible to seek certification as a Medi-Cal Peer Support Specialist so long as they meet the eligibility criteria and successfully pass the state-approved exam.

I

Initial Certification: the process for an applicant to become certified as a Medi-Cal Peer Support Specialist for the first time so long as they meet the eligibility criteria and successfully pass the state-approved exam.

L

Lived Experience: an individual's first-hand experience with a mental health and/or substance use challenges, including the process of recovery and engagement of resiliency within that experience.

M

Medi-Cal: California's Medicaid health care program that includes a variety of medical services for children and adults with a qualifying income or medical condition.

Medi-Cal Peer Support Specialist: an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as a parent or family member of the consumer, and who has been granted certification under a county Medi-Cal Peer Support Specialist certification program.

Medi-Cal Peer Support Specialist Services: culturally appropriate services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Medi-Cal Peer Support Specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is individualized and is conducted by a certified Medi-Cal Peer Support Specialist.

N

Natural Supports: the personal connections to an individual's community that enhances the quality of their life.

O

Out-of-State Reciprocity: the recognition that an individual has received certification for peer support from another state and they meet the qualifications specified under the policies in this document.

P

Peer: persons who share similar understanding of experiences with mental health and/or substance use challenges.

Peer Support Specialist: an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as a parent or family member of the consumer, and who has been granted certification under a county peer support specialist certification program (Senate Bill 803, Beall).

Prevalent Languages: a non-English language identified by the California Department of Health Care Services as a threshold language under the state's Medi-Cal programs.

R

Recertification: meeting the requirements set forth in this policy for renewal of one's Medi-Cal Peer Support Specialist certification. The recertification occurs in two-year intervals.

Recovery: process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This process of change recognizes cultural diversity and inclusion and honors the different routes to resilience and recovery based on the individual and their cultural community.

Resiliency: an individual's capacity to successfully meet life's challenges, nurtured to have a sense of self-determination, mastery and hope.

T

Training Entity: an organization that has received approval from the Certifying Entity to provide training for the Medi-Cal Peer Support Specialist certification program.

Trauma Focused: maintaining awareness of the impact traumatic experiences may have on an individual and the influence this trauma may have on the choices they make in their life.

V

Valid Certificate: a certificate that is active, in good standing, and is not expired, suspended, revoked or inactive.

W

Wellness: the conscious and deliberate process of creating and adapting patterns of behavior that lead to improved health in the following dimensions: emotional, financial, social, spiritual, educational/occupational, physical, intellectual, and environmental.

Practice Examination Questions

These practice examination questions are similar to those that will appear on the actual exam. After answering these questions, check your responses against the answer key.

1. What is the goal of the harm reduction model for substance use challenges?
 - A. Diminished rate of judicial system exposure and incarceration
 - B. Decreased overdose risk and improved access to systems of care
 - C. Enhanced community engagement and relationship building
 - D. Increase in self-assessment of confidence and self-worth

2. A consumer has been spending the last few weeks joking around and not taking group seriously. How would the Peer Support Specialist support the consumer?
 - A. Tell the consumer this is not a laughing matter.
 - B. Request to be reassigned to a different consumer.
 - C. Encourage the consumer to look into a profession as a comedian.
 - D. Continue to stay focused on the consumer's recovery goals.

3. A consumer is frustrated because several different service providers are not communicating well when it comes to their care. How can the Peer Support Specialist support this consumer?
 - A. Encourage the consumer to request a team meeting so all staff can connect.
 - B. Assure the consumer that this lack of communication happens all the time.
 - C. Advise the consumer to change their therapist and psychiatrist.
 - D. Write a formal complaint to management on behalf of the consumer

4. A consumer tells a Peer Support Specialist that they have a lot of situational stress that is not a result of their diagnosis. What action would the Peer Support Specialist take in supporting the consumer?
 - A. Tell the consumer their feelings are normal, and they should not worry.
 - B. Assist the consumer in developing a wellness plan to address their concerns.
 - C. Advise the r consumer of stronger anxiety medication options to try.
 - D. Take the consumer to a 12-step meeting to support their overall wellness.

5. A Peer Support Specialist is working with a consumer with severe mental illness who has been in inpatient treatment for several months. Prior to a treatment team meeting, the consumer says to the Peer Support Specialist, "I don't know why I'm even going. They are just going to keep me here anyway." Which action would the Peer Support Specialist take to encourage self-advocacy?
- A. Utilize the consumer's dissatisfaction with their current situation as encouragement to formulate a better recovery plan.
 - B. Model an effective action by sharing a time when the Peer Support Specialist assertively communicated their own needs and desires.
 - C. Assist the consumer during the treatment team meeting by directly advocating on the consumer's behalf with team members.
 - D. Educate the consumer on why the health-care providers in the treatment team may have different perspectives.
6. A consumer comes to you and says they were not hired at a job because of their disability. What actions should the Peer Support Specialist take?
- A. Educate the consumer on State Disability Laws before speaking to the business.
 - B. Call the authorities, as a human rights violation has just occurred.
 - C. Advise them to apply somewhere else that is closer to your office.
 - D. Arrange a boycott of the place of business and tell your friends.
7. A consumer expressed feeling overwhelmed with the requirements of their probation officer and service providers. How can a Peer Support Specialist assist the consumer with navigating the expectations.
- A. Offer to set up a meeting to speak with the providers on behalf of the consumer.
 - B. Help the consumer arrange a meeting with both parties to discuss their viewpoint.
 - C. Encourage the consumer to use a calendar to manage their appointments.
 - D. Develop a plan with the consumer on how they could manage multiple tasks.
8. A consumer wants to use their experience with managing their mental illness to help others. How can the Peer Support Specialist help the consumer to accomplish this goal?
- A. Assist the consumer by providing encouragement, direction, and support of their advocacy desires.
 - B. Encourage the consumer to become a public speaker in order to share their experience.
 - C. Provide the consumer with a list of agencies who would be willing to have the consumer present.
 - D. Refer the consumer to their mental health provider for further direction.

9. What action is a primary duty of a Peer Support Specialist in assisting a consumer in the community?
- A. Reviewing a consumer's finances to help them pay for insurance.
 - B. Advising a consumer on a dispute regarding Medi-Cal.
 - C. Helping a consumer access a local mental health plan.
 - D. Discussing with a provider specific coding to insure coverage.
10. A consumer would like to support a neighborhood rally but has anxiety about attending. They believe their anxiety would not be an issue if they are accompanied by their Peer Support Specialist. What action would the Peer Support Specialist take?
- A. Recommend the consumer practice breathing exercises.
 - B. Suggest the consumer stay home to avoid overstimulation.
 - C. Inform the consumer it is not worth the effort of people's time.
 - D. Participate in the activity as requested by the consumer.
11. What are two key components of a person-centered pre-crisis plan?
- A. A list of emergency contacts and a no-suicide contract.
 - B. An Advance Directive and a list of local community programs.
 - C. A wellness toolbox and list of known potential stressors.
 - D. A medical history and medication adherence plan.
12. A consumer expresses they want to give the Peer Support Specialist a gift to show their appreciation for the help they have received. How would the Peer Support Specialist respond?
- A. Accept the consumer's present if the purchased item is less than \$25.
 - B. Ask the consumer to instead consider donating to a relevant charity.
 - C. Thank the consumer for their thoughtfulness before declining the gift.
 - D. Tell the consumer that is unnecessary since they are just doing their job.
13. A Peer Support Specialist is meeting with a consumer's care team to discuss the consumer's failure to follow-through on their treatment goals. What action would the Peer Support Specialist take to support the consumer?
- A. Provide the care team with an update on what steps the consumer has taken since the last team meeting.
 - B. Attend the meeting without contributing to the conversation since there is no peer support update.
 - C. Ask each member of the care team what they have been doing to help the consumer achieve their goals.
 - D. Take detailed notes to relay the comments to the consumer during the next peer support session.

14. A consumer with a history of depression tells the Peer Support Specialist they are starting to experience symptoms of an oncoming depressive episode. What action would the Peer Support Specialist take to support the consumer?
- A. Advise consumer to speak to their doctor.
 - B. Share what medications for depression worked for the Peer Support Specialist.
 - C. Call the consumer's family for additional support.
 - D. Ask the consumer to think about what may be causing them to feel that way.
15. A consumer explains that it is taboo for someone to share their struggles with family members in their culture. How would the Peer Support Specialist support the consumer?
- A. Ask a Peer Support Specialist from the same culture as the consumer to give consumer advice.
 - B. Roleplay or act out with the consumer ways the consumer can raise the topic with loved ones.
 - C. Tell the consumer to disclose their feelings regardless of how they think others may respond.
 - D. Share a time the Peer Support Specialist had an uncomfortable conversation with a loved one.
16. A consumer tells a Peer Support Specialist that they are struggling to create a plan for managing future behavioral health crises. What action would the Peer Support Specialist take to support the consumer?
- A. Refer the consumer to resources that can help with their planning.
 - B. Suggest the consumer visit their health care provider to create a plan.
 - C. Help the consumer come up with a plan together.
 - D. Create a plan for the consumer without assistance from them.

Answer Key

1. Key: B

KSA Dimension: 2. Behavioral Health Foundations

KSA: 2.4. Be familiar with recovery approaches and peer support techniques specific to individuals with substance use challenges.

Rationale: The key is correct because per the Substance Abuse and Mental Health Services Administration (SAMHSA), research has demonstrated that a harm reduction approach for individuals with substance use challenges substantially reduces the risk of overdose death and promotes linkages to care.

2. Key: D

KSA Dimension: 3. Interpersonal Skills

KSA: 3.5. Practice self-awareness to ensure that the individual's resiliency and recovery remain the focal point of the peer support relationship.

Rationale: This is the best option as it refocuses on the consumer's needs and wants.

3. Key: A

KSA Dimension: 4. Recovery Support

KSA: 4.11. Provide individuals with tools or knowledge to support a self-driven perspective in collaboration with other service providers.

Rationale: This option encourages consumer to self-advocate for their needs and wants with their care team.

4. Key: B

KSA Dimension: 4. Recovery Support

KSA: 4.6. Utilize specific tools and models (e.g., harm reduction, mindfulness) to assist individuals in creating their own wellness and recovery plans.

Rationale: This is a correct response because it utilizes a specific model to help the consumer build the right tools to use in the scenario.

5. Key: B

KSA Dimension: 5. Advocacy

KSA: 5.1. Promote self-advocacy to help individuals establish personal needs, goals, and objectives as their focal points of rehabilitation, resiliency, recovery, and wellness.

Rationale: The correct answer differentiates itself from other distractors because it is directly related to competency 2 (the role of advocacy). Here, the peer specialist is modeling self-advocacy through social learning by directly stating how they self-advocated in a similar situation. This action is addressed on page 10 of the Peer Certification Landscape Analysis Report.

6. Key: A

KSA Dimension: 5. Advocacy

KSA: 5.2

Rationale: This is a correct response because educating the consumer on this issue will empower them to voice their concerns appropriately.

7. Key: B

KSA Dimension: 6. Community Inclusion

KSA: 6.4. Serve as a liaison for collaboration with individuals, agency staff, family, friends, community partners, and other relevant stakeholders (e.g., politicians, coalitions, and special interest groups).

Rationale: This option encourages supporting the consumer to self-advocate for their needs and wants with their care team.

8. Key: A

KSA Dimension: 6. Community Inclusion

KSA: 6.5. Empower individuals to take advantage of opportunities at varying levels of involvement in community-based activities (e.g., work, school, relationships, advocacy groups, physical activity, self-directed hobbies, volunteering, etc.).

Rationale: This option is correct because it encourages and supports the consumer's expressed goal while providing a variety of pathways to achieve it.

9. Key: C

KSA Dimension: 7. Resource Linkage

KSA: 7.1. Assist individuals in accessing community services and community resources, including social service benefits (e.g., Medicaid, public assistance, and housing).

Rationale: This option is a partial statement of Competency 7.1 regarding resource linkages and is the only correct option.

10. Key: D

KSA Dimension: 7. Resource Linkage

KSA: 7.1. Assist individuals in accessing community services and community resources, including social service benefits (e.g., Medicaid, public assistance, and housing).

Rationale: Participates in community activities with peers when requested pg. 5

11. Key: C

KSA Dimension: 8. Crisis Management

KSA: 8.2. Help individuals develop an advanced strategy for planning and managing behavioral health crises.

Rationale: A pre-crisis plan will always rely on self-observation and include supports that can help the consumer when they are starting to feel unwell.

12. Key: C

KSA Dimension: 1. Administrative Responsibilities

KSA: 1.2. Maintain professional standards and boundaries by observing the guidelines established by the agency you represent.

Rationale: This response differentiates itself from the detractors by its acknowledgement of the consumer's intentions while also maintaining the standards outlined in the "Integrity" portion of the Peer Code of Ethics.

13. Key: A

KSA Dimension: 1. Administrative Responsibilities

KSA: 1.5. Participate in agency staff meetings, training, individual/group supervision, care coordination meetings, and other relevant professional meetings.

Rationale: The response is correct as it respects the unique role of other members of the care team while appropriately advocating for the consumer from the peer provider perspective.

14. Key: A

KSA Dimension: 2. Behavioral Health Foundations

KSA: 2.1. Knowledge of mental health conditions and available treatment options across the lifespan.

Rationale: This response is correct as it directs the consumer to speak with their healthcare provider.

15. Key: B

KSA Dimension: 3. Interpersonal Skills

KSA: 3.7. Work effectively with individuals from diverse backgrounds, being respectful and responsive to their cultural beliefs and practices.

Rationale: This option maintains the established relationship between peer provider and consumer while also providing the consumer with self-directed communication strategies for addressing the situation

16. Key: C

KSA Dimension: 8. Crisis Management

KSA: 8.2. Help individuals develop an advanced strategy for planning and managing behavioral health crises.

Rationale: This option acknowledges the role of peer providers in supporting consumers with advanced planning for crisis supports while maintaining the involvement of the consumer in the development of the resource

CaIMHSA Contact Information

To learn more about Medi-Cal Peer Support services, visit the Department of Healthcare Services website (<https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>).

To learn more about Medi-Cal Peer Support Specialist certification, visit the CaIMHSA website (CAPeerCertification.org).

If you have any questions about the certification in general or about the certification exam, email peercertification@calmhsa.org.

If you have any questions about the appeals process and accommodations, email peercertification@calmhsa.org.

To register for the Medi-Cal Peer Support Specialist Certification Exam, once your application has been approved, visit the Pearson VUE website [insert link to registration landing page].

For technical issues or concerns either before or during the test, contact Pearson VUE [insert contact information]



CAPeerCertification.org

Email: peercertification@calmhsa.org