Public Burden Statement: The purpose of this collection is to collect data on interactions with help-seekers that contact the hotline by telephone, text, and web chat. Following each interaction, help-seekers are invited to complete a satisfaction survey. The data will be used for quality control, hotline operational improvements, performance measures, and capacity management. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0084 and it is valid until 2/28/2027. This information collection is voluntary and data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 17.6 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

Description of instruments, instructions, and scripts for hotline calls, texts, and web chats

Data are collected by hotline counselors during live and organic interactions with help-seekers that contact the hotline by telephone, text, and web chat. Collected data are stored within the Salesforce component of the National Maternal Mental Health Hotline system.

Hotline Counselors are bilingual and responsible for translating the English phone call scripts to Spanish within the live interaction.

Activity	Text Message Script	Phone Call Script
Phone Number	Not asked of the respondent. The system automatically populates the incoming phone number that the help-seeker uses to contact the Hotline. The phone number is not confirmed or validated by the help-seeker or hotline counselor. NOTE: Phone Number is not provided to MCHB; for contractor use only.	Not asked of the respondent. The system automatically collects the incoming phone number that the help-seeker uses to contact the Hotline. The phone number is not confirmed or validated by the help-seeker or hotline counselor. NOTE: Not provided to the government, for contractor use only.
First Name/Alias ZIP Code	Hi, my name is _____and I'm a counselor at the National Maternal Mental Health Hotline. What you share with me is confidential unless there is a real threat of danger to yourself or others. I'm so glad you reached out. I'm here to provide support and I can help connect you with resources as well as mental health professionals in your area. Would you mind sharing your first name and zip code? NOTE: First Name/Alias is not provided to MCHB; for contractor use only.	Hi, my name is _____ and I'm a counselor at the National Maternal Mental Health Hotline. Before we get started, I just want to let you know that what you share with me is confidential. The only time we make an exception is if there is a threat of danger to yourself or others. I am so glad you called. Would you mind sharing your name and zip code with me? Hi, thank you for reaching out to the National Maternal Mental Health Hotline. My name is [X],. If, for some reason, this call gets dropped, I encourage you to please call us back. Would you like to share your first name with me and tell me a bit about why you've reached out

		today? NOTE: First Name/Alias is not provided to the government, for contractor use only.
State/Territory Geographic Location	Thank you for providing me with your name and state/zip code. Would you mind sharing a little bit more demographic information before we connect further? We want to ensure we're reaching parents in all areas and that no places are being missed. NOTE: If the respondent provides a ZIP Code, then the hotline counselor does not need to ask for State/Territory and Geographic location. The system will automatically populate them. What state are you located in? Do you live in a rural, suburban, or urban area?	Thank you for providing me with your name and state/zip code. Would you mind sharing a little bit more demographic information before we connect further? We want to ensure we're reaching parents in all areas and that no places are being missed. NOTE: If the respondent provides a ZIP Code, then the hotline counselor does not need to ask for State/Territory and Geographic location. The system will automatically populate them. What state are you located in? Do you live in a rural, suburban, or urban area?
Age; Race/Ethnicity;	Thank you for providing me with your name and state/zip code. Would you mind sharing a little bit more demographic information before we connect further? We want to ensure we're reaching parents in all areas and that no places are being missed. What is your age? What is your race and/or ethnicity?	Thank you for providing me with your name and state/zip code. Would you mind sharing a little bit more demographic information before we connect further? We want to ensure we're reaching parents in all areas and that no places are being missed. What is your age? What is your race and/or ethnicity? **Organic Talking Points:** I'm curious if you want us to consider any demographic preferences while I look up resources or therapists in your area? Do you have a preference for a therapist or a provider or organizations who shares the same values, religion, life experiences? It sounds like you are going through so much. I'm right here with you. I want to learn a little more about you so you can help us reach other parents who are experiencing the same thing you've been sharing with me.
Military/Veteran Status	What is your military/veteran status?	What is your military/veteran status? **Organic Talking Points:** Tell me about a barrier you have encountered that has impacted your ability to get help? Do you have a preference for a therapist or a provider or organizations who shares the same values, religion, life experiences? It sounds like you are going through so much. I'm right

		here with you. I want to learn a little more about you so you can help us reach other parents who are experiencing the same thing you've been sharing with me.
Hotline Awareness	How did you learn about the National Maternal Mental Health Hotline?	How did you learn about the National Maternal Mental Health Hotline?
Open to Survey	Thank you for reaching out, today. Would you be open to receiving a link in the next few days to a short survey about your experience? It will help our hotline grow and adapt to our help seekers' needs.	Thank you for reaching out, today. Would you be open to receiving a link in the next few days to a short survey about your experience? It will help our hotline grow and adapt to our help seekers' needs.
Spoken Language	Not asked of the respondent. The Hotline Counselor selects the language used within the interaction	Not asked of the respondent. The Hotline Counselor selects the language used within the interaction
Acuity	Not asked of the respondent. The assessment of the help seeker's current severity of symptom(s) intensity and/or urgency during the interaction. This includes both what is verbally shared and nonverbally perceived.	Not asked of the respondent. The assessment of the help seeker's current severity of symptom(s) intensity and/or urgency during the interaction. This includes both what is verbally shared and nonverbally perceived.
Ancillary Needs	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent. **Organic Talking Points:** Tell me about a barrier you have encountered that has impacted your ability to get help? I'm curious if you want us to consider any demographic preferences while I look up resources or therapists in your area? Do you have a preference for a therapist or a provider or organizations who shares the same values, religion, life experiences? It sounds like you are going through so much. I'm right here with you. I want to learn a little more about you so you can help us reach other parents who are experiencing the same thing you've been sharing with me.
Case Origin	Not asked of the respondent. The hotline system automatically sets this based on the mode of interaction.	Not asked of the respondent. The hotline system automatically sets this based on the mode of interaction.
Case Reason	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent. **Organic Talking Points:** Tell me about a barrier you have encountered that has impacted your ability to get help? It sounds like you are going through so much. I'm right here with you. I want to learn a little more about you so you can help us reach other parents who are experiencing the same thing you've been sharing with

		me.
Inappropriate Interaction	Not asked of the respondent. The hotline counselors can document reasons for why the interaction ended due to inappropriate behavior of the respondent.	Not asked of the respondent. The hotline counselors can document reasons for why the interaction ended due to inappropriate behavior of the respondent.
Type	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.
Self Subcategory	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.	Not asked of the respondent. The Hotline Counselors capture responses throughout the conversation with the respondent.
Referral Provided Resource Provided	Not asked of the respondent. The hotline counselors can document if a referral and or resource was consented by the help-seeker and provided within the interaction.	Not asked of the respondent. The hotline counselors can document if a referral and or resource was consented by the help-seeker and provided within the interaction.

Description of instruments, instructions, and scripts for satisfaction survey

A help-seeker must identify to the Hotline Counselor their interest in receiving a secure survey link for self-reported survey participation and completion. Hotline Counselors inquire with help-seekers during the live and organic interaction. Counselors are responsible for offering each help-seeker the opportunity to provide their feedback via the satisfaction survey with each interaction.

If consent is provided, once the case status is closed, the system will automatically send the survey to the help-seeker at the phone number listed within the person account provided and confirmed by the help-seeker.

The satisfaction survey is available in English or Spanish.

Upon opening the survey link, there is a pop-up box with the following text and a **NEXT** button to signify entering the survey.

English:
Hello from the National Maternal Mental Health Hotline. We are so glad you found us and hope you received the support you needed. To ensure we continue to provide the best support possible to future help seekers, we hope you'll take a moment now to fill out this quick survey.

Spanish :
Saludos de La Línea Nacional de Asistencia a la Salud Mental Materna. Estamos agradecidos que nos encontraste y esperamos que hayas recibido la ayuda que estabas buscando. Para asegurarnos de seguir proporcionando la mejor ayuda posible a futuras buscadoras de ayuda, apreciamos si tomas un momento de tu tiempo para completar esta pequeña encuesta.

Instrument Questions

Question	Required (Y/N)	Label	Response Options
English: What state/territory are you located in? Spanish: ¿En qué estado/territorio vives? Type: Single Selection	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with a dropdown box that includes the 50 States, Puerto Rico, District of Columbia, US Territories, Outside of the United States and US Territories, and Prefer not to disclose.
English: What age group do you fall in? Spanish: ¿En qué grupo de edad te encuentras? Type: Single Selection	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with a dropdown box (Label: Pick One) The respondent is provided with the following response options English / Spanish: • Under 13 / Menor de 13 • 13-17 / 13-17 • 18-24 / 18-24 • 25-29 / 25-29 • 30-39 / 30-39 • 40-49 / 40-49 • 50 and above / 50 y más • I prefer not to disclose / Prefiero no mencionarlo
			•
English: What is your race/ethnicity? Spanish: ¿Cuál es tu raza/etnicidad? Type: Single Selection	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with a dropdown box (Label: Pick One) The respondent is provided with the following response options English / Spanish: • American Indian or Alaska Native / Indígena Americano o Nativo de Alaska • Asian / Asiático • Black or African American / Negro o Afroamericano • Hispanic or Latino / Hispano o Latino • Middle Eastern or North African / Medio Oriente o Norte de África • Native Hawaiian or Pacific Islander / Nativo Hawaiano o Isleño del Pacífico • White / Blanco • I prefer not to disclose / Prefiero no mencionarlo
English: I am satisfied with the service I received today… Spanish: Estoy satisfecha(o) con el servicio que recibí hoy… Type: Rating Question	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with the following response options English / Spanish: 1. Strongly Disagree / Muy en desacuerda (o) 2. Disagree / En desacuerda (o) 3. Neutral / Neutral 4. Agree / De acuerda (o) 5. Strongly Agree / Muy de acuerdo (o)

English: I would refer the Hotline to someone I know who is in need of support and services… Spanish: Yo referiría la línea de asistencia a alguien que conozco que necesita apoyo y servicios… Type: Rating Question	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with the following response options English / Spanish: 1. Strongly Disagree / Muy en desacuerda (o) 2. Disagree / En desacuerda (o) 3. Neutral / Neutral 4. Agree / De acuerda (o) 5. Strongly Agree / Muy de acuerdo (o)
English: How did you hear about the hotline? Spanish: ¿Cómo se enteró la solicitante de ayuda sobre la línea de asistencia? Type: Single Selection	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with the following response options: • PSI/PSI Helpline / Línea cálida de PSI • HRSA Home Visiting/Healthy Start / Programas de HRSA home visiting o Healthy Start • Word of Mouth / De forma verbal • TV/Radio/Social Media / Televisión/Radio/Redes sociales • Healthcare/Medical Provider / Cuidado de la salud • Social Services/Human Services Provider / Trabajador social/Servicios sociales • Internet/Search Engine / Internet/Motor de Búsqueda • Billboard / Cartelera • Other / Otro
English: I am satisfied with the professionalism and friendliness of the Hotline Counselor I interacted with… Spanish: Estoy satisfecha(o) con el profesionalismo y amabilidad la/del Consejera(o) de la línea de asistencia con quien interactué… Type: Rating Question	Y	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with the following response options English / Spanish: 1. Strongly Disagree / Muy en desacuerda (o) 2. Disagree / En desacuerda (o) 3. Neutral / Neutral 4. Agree / De acuerda (o) 5. Strongly Agree / Muy de acuerdo (o)
English: Did you receive a resource or referral? Spanish: ¿Recibiste un recurso o una referencia? Type: Single Selection Question	N	English: Select an answer choice from the list Spanish: Selecciona una opción de esta lista (Elegir uno)	The respondent is provided with the following response options: • Yes, I have reached out/plan to / Sí, me comuniqué/planeo hacerlo • Yes, but no longer interested in the resource/referral / Sí, pero ya no estoy interesado en el recurso/referencia • No, I did not receive a resource/referral / No, no recibí un recurso/referencia
English: Optional. What can the National Maternal Mental Health Hotline do to better serve your needs? Spanish: Opcional ¿Cómo puede	N	English: Enter answer Spanish: Ingrese respuesta	A word box is inserted for respondents to free write.

mejorar La Línea Nacional de Asistencia a la Salud Mental Materna para servir mejor sus necesidades? Type: Open-Ended Question			

At the end of the questions, the button options are **PREVIOUS** and **FINISH**. Previous returns to the pop-up box/opening remarks. If a respondent attempts to submit without filling out the required field, a red banner presents that reads “One or more questions require an answer to continue”.