Texas Maternal, Infant, and Early Childhood Home Visiting Needs Assessment

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Prepared for Texas Health and Human Services - Family Support Services
— by —
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Executive Summary

The following document serves as the five-year Needs Assessment for home visiting programs in Texas funded through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant from the Health Services and Resources Administration. This assessment is a combination of risk modeling and qualitative investigations conducted in collaboration between University of Texas Health Science Center at Houston and Texas Health and Human Services Family Support Services.

Through this process, 239 high-risk counties in the state have been identified as being priorities for home visiting programs. These analyses emphasize the need to assess risk profiles regionally and locally to determine how best to respond to families and build programs that address the needs in communities. These analyses have resulted in a significant expansion of the number of counties eligible for MIECHV funding from 59 to 239. Only 6,564 children between ages 0 and 4 reside in a county that does not meet eligibility for home visiting, which is 0.3% of the 1,913,591 children in Texas younger than 5 years old.

Texas, like the rest of the country, has seen profound changes since 2020. When Texas' MIECHV Needs Assessment was completed, the country was just beginning pandemic-related lockdowns, and conversations with home visitors focused on "when we get back to normal." Since that time, we have recognized that we are in a "new normal" that is different than where we were in 2019. Since 2020, there have been shifts in risk, funding, and capacity. These societal, funding, and infrastructure shifts have resulted in changes in the prevention and risk landscape.

The amendment to the 2020 MIECHV Needs Assessment takes into consideration some of these shifts. Since the 2020 MIECHV Needs Assessment, we have simplified the model that we use to assess community risk. This simplification has greatly reduced the number of variables that we consider in our risk modeling, which allows us to better assess risk in lower-population rural areas. The model was also adjusted to include mental health and substance use. The expansion of funding and the strengthening of local early childhood system coordination has also allowed us to reconsider the risk criteria for eligibility. The data presented in this amendment includes data from 2023 and analyses of changes over the past 10 years in key metrics.

The 2020 MIECHV Needs Assessment utilized a mean predicted risk z-score for each county that was based on all ZIP codes in the county plus weighted based on child population for the ZIP code. (i.e. it was much more complex.) This caused ZIP codes with large child populations to have a bigger influence on the county's overall risk score than those with smaller child populations. The changes in this amendment also reflect how families in more rural counties often access services; families often travel to larger counties that have more resources. By including these smaller counties, it will allow Texas the option to serve a family in these neighboring counties. Only 196 counties would have been eligible with the risk criteria used in 2020. With the changes to the risk criteria approach, there is an increase in eligible counties that is driven by increases in mental health issues and substance use in the state.

The needs identified in this assessment cannot be addressed through state-level action alone. Communities must use these data and turn them into action. By incorporating these data into local needs assessments, using the data for program improvements, and continuing to present to local and state organizations, the results of this Needs Assessment will be used to improve the health and well-being of young children and families in the state.

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1 Introduction

Texas is home to one out of every ten children in the United States. Every year, between 380,000 and 410,000 babies are born in the state, a number second only to California. To see measurable improvement in the nation's health, the health in Texas must improve. The purpose of this Needs Assessment is to identify and describe the needs of high-risk areas in the state where early childhood home visiting programs can positively impact Texas' youngest children.

Overall, Texas has a relatively low infant mortality rate with a rate below the Healthy People 2020 targets for over eight years. While this is to be celebrated, this statistic is tempered by the fact that 1% of infants born to a black mothers die before turning one year old; a rate nearly twice that of white and Hispanic mothers[1]. Further, on-time prenatal care rates are well below Healthy People 2020 targets with only 65.6% of women accessing care in the first trimester of pregnancy[2]. These low rates of on-time care are also coupled with the state having a relatively high low birth-weight rate and a high rate of preterm birth. High rates of these factors mean that Texas' kids are at risk to be behind in school readiness and other markers of education and social function. These risks are seen in the data.

Home visiting programs are part of a range of services that can help mitigate the developmental consequences of many risks during early childhood[3]. In federal fiscal year 2024, Family Support Services served over 9,000 families through eight home visiting models--Family Check Up for Children, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse Family Partnership, Parents As Teachers, Play and Learn Strategies, Promoting First Relationships, and Safe Care Augmented. In some communities, additional services are provided to engage families (Family Connects) and provide ongoing support (Mothers and Babies) alongside home visiting services. It is vital to understand how risk is distributed to understand the needs of our communities and where home visiting models can have an impact to improve the trajectories of families in the state.

2 At-risk Communities and Concentration of Risk

2.1 Method for Identification of At-Risk Communities

Data for the 2020 MIECHV Needs Assessment amendment were taken from 2023 data from the American Communities Survey and Texas-wide all-payer outpatient (emergency department) and inpatient hospitalization data[1]. Eight variables were used to assess risk and are shown in Table 1. These data were statistically grouped using Confirmatory Factor Analysis to identify communities that had a high concentration of low-income families, communities with a high concentration of birth risk, and communities with a high concentration of mental health and substance use issues.

The percentage of 3 and 4-year-old children enrolled in childcare was also included in our analyses as an independent factor. This variable was taken from the American Communities Survey and was analyzed longitudinally to assess communities with declining enrollment for 3 and 4-year-olds. Texas' childcare industry, like much of the country, was hit hard by closures due to COVID-19. As has been demonstrated in other recent needs assessments in Texas, there is a clear link between family well-being, school readiness, and access to high-quality childcare. Additionally, childcare is a necessity for parents to work, which is a step towards self-sufficiency. Home visiting cannot fill the gap of childcare, but it can support school readiness and support family well-being.

Table 1. Loadings for factors used to determine risk at the ZIP Code level.

Variable	Low-income Families	Birth Risk	Mental Health & Substance Use Issues
Percent of adults employed in the service sector	.85		
Percent of adults (35-64) receiving disability benefits	.68		
Percent of children receiving SNAP benefits	.88		
Percent of births paid for by Medicaid		.84	
Percent of births to a teen mother		.95	
Rate of adult (18-44) mental health related emergency department visits			.56
Rate of infants born with identified prenatal substance use exposure			.64
***Decrease in childcare enrollment for 3 and 4-year-olds**			

*This variable is included independently from the Confirmatory Factor Analysis and is denoted by community in Table 2.

All analyses were conducted at the level of the ZIP code. Scores on each of the three factors in Table 1 were calculated for all ZIP codes with a child population greater than 100. High-risk was defined as a ZIP code with at least one factor score ¼ of a standard deviation above the state average. A county was determined to be eligible for MIECHV services if at least one ZIP code in the county was high-risk on one of these three factors. If a ZIP code crossed county lines and was high-risk, then all counties included in that ZIP code were identified as high-risk. If a ZIP code was determined to be high-risk based on one of the three factors, the population of children younger than 5 in that ZIP code was included in the "high-risk" population. Because the county risk population was rolled up from ZIP codes that cross county lines, the at-risk population added across counties does not equal the at-risk population for the state as a whole. Counties were ranked based on their percentage of the statewide at-risk population.

Special consideration was also given to communities if they had a statistically significant decrease in childcare enrollment for 3 and 4-year-olds from 2013 to 2023. If a county had more than 100 children living in a ZIP code with a statistically significant decline in enrollment, they were also considered to be in need of MIECHV-funded services.

3 Data Summary

3.1 Identifying At-Risk Communities

Table 2 lists all the counties with at least one high-risk ZIP code and their state risk rank. Analysis of ZIP code level trends for childcare enrollment showed that 462 ZIP codes across 148 counties had significant declines in enrollment. Counties with at least one ZIP code with declining childcare enrollment are denoted in Table 2.

See Appendix A for accessible text-only version.

Table 2: Counties At-Risk

County	Risk Rank	County	Risk Rank	County	Risk Rank
Harris*	1	Wharton*	81	Leon	161
Dallas*	2	**Nacogdoches***	82	Jackson	162
Bexar*	3	Matagorda*	83	Bosque	163
Tarrant*	4	Bee*	84	Llano	164
Hidalgo*	5	Kerr*	85	Karnes*	165
Travis*	6	Rusk*	86	Carson	166
El Paso*	7	Palo Pinto*	87	La Salle	167
Fort Bend*	8	Coleman*	88	Montague*	168
Cameron*	9	Upton	89	Red River*	169
Webb*	10	**Wise***	90	Briscoe	170
Bell*	11	Hopkins*	91	Madison	171
Nueces*	12	Cooke*	92	Robertson*	172
Smith*	13	Titus	93	Collingsworth	173
Williamson*	14	Castro	94	Bandera	174
Hays*	15	Medina*	95	Austin	175
Guadalupe*	16	Zapata*	96	Runnels	176
Brazoria*	17	Wood*	97	Morris*	177
Kaufman*	18	Irion	98	Tyler*	178
Potter*	19	**Howard***	99	McCulloch	179
Jefferson*	20	Gillespie	100	Swisher	180
Chambers*	21	Uvalde*	101	Haskell	181
Montgomery*	22	Waller*	102	Mason	182
Ellis*	23	Armstrong	103	Refugio	183
Ector*	24	**Lamar***	104	Throckmorton*	184
Caldwell*	25	**Walker***	105	McMullen*	185
Lubbock*	26	Newton*	106	Comanche*	186
Galveston*	27	Hale	107	Baylor	187
McLennan*	28	Aransas	108	Donley	188
Comal*	29	Cass	109	Wheeler*	189
Coryell*	30	Real	110	Childress	190
Grayson*	31	Brown	111	Stonewall*	191
Gregg	32	Lee*	112	Clay*	192
Hudspeth*	33	Hockley*	113	Hall	193
Randall	34	Panola*	114	Brooks	194
Midland*	35	**Jones***	115	Jack	195
Liberty*	36	Colorado	116	Knox*	196
Denton*	37	Hill*	117	Hamilton*	197
Rockwall*	38	Deaf Smith	118	Hardeman	198
Starr*	39	Freestone*	119	Erath*	199

County	Risk Rank	County	Risk Rank	County	Risk Rank
Collin*	40	Frio*	120	Cottle	200
Taylor*	41	Mills*	121	Dickens	201
Upshur*	42	Limestone	122	Fayette*	202
Parker	43	Shelby*	123	Edwards	203
Martin	44	Andrews*	124	Jeff Davis	204
Brazos*	45	Fannin*	125	San Saba*	205
Burnet	46	San Jacinto	126	Somervell*	206
Angelina*	47	Shackelford	127	Culberson	207
Henderson*	48	San Augustine	128	Gray*	208
Wilson*	49	Zavala	129	Calhoun	209
Navarro*	50	Wilbarger*	130	Kinney	210
Maverick*	51	Willacy*	131	Kent	211
Harrison	52	Houston*	132	Concho*	212
Van Zandt*	53	Marion*	133	King*	213
Anderson*	54	Milam*	134	Rains*	214
Johnson*	55	Stephens	135	Coke	215
Hunt*	56	Dimmit*	136	Sterling	216
Lynn*	57	Cochran*	137	Floyd	217
Jim Wells*	58	Foard	138	Hartley*	218
Bastrop*	59	Gaines*	139	Hutchinson*	219
Tom Green*	60	Young*	140	Moore*	220
Glasscock*	61	Delta*	141	Oldham	221
Cherokee*	62	Fisher*	142	Crockett	222
Duval*	63	Jim Hogg	143	Pecos*	223
Orange*	64	Grimes	144	Brewster	224
Bowie	65	Crosby*	145	Reeves	225
Val Verde*	66	DeWitt	146	Kimble*	226
Callahan*	67	Gonzales	147	Menard	227
Victoria*	68	Terry*	148	Hemphill	228
Kleberg*	69	Lamb*	149	Lipscomb	229
Lampasas	70	Nolan	150	Washington	230
Wichita*	71	**Hardin**	151	Motley*	231
Jasper*	72	Sabine	152	Scurry[+]	232
San Patricio*	73	Dawson*	153	Winkler[+]	233
Falls*	74	Kenedy	154	Kendall[+]	234
Trinity*	75	Ward*	155	Parmer[+]	235
Atascosa*	76	Lavaca*	156	Roberts[+]	236
Live Oak*	77	Yoakum*	157	Blanco[+]	237
Franklin	78	Eastland	158	**Hood[t]**	238
Borden*	79	Archer	159	Burleson[t]	239

County	Risk Rank	County	Risk Rank	County	Risk Rank
Polk*	80	Garza	160		

Counties in bold were included in the 2020 Needs Assessment
*Counties with risk and at least one ZIP code with significantly decreasing childcare enrollment for 3 & 4 year olds
[+]County with significantly decreasing childcare enrollment for 3 & 4 year olds, but no other risk
[t]County that is part of a larger unified service area with qualifying risk

Based on these analyses, there were about 290,000 children younger than 5 years old in 2023 who lived in high-risk ZIP codes that were spread across 239 counties. This is a decrease from the 321,000 children who were living in a high-risk ZIP code in 2016[2].

Six additional counties were found to be eligible for MIECHV funding because they are experiencing significant decreases in childcare enrollment. In these counties, more than 100 children were living in these ZIP codes, representing a substantial need in these counties. Two counties were also included as qualifying counties because they are part of a larger unified service area. Hood County is part of the Dallas-Fort Worth metropolitan area and is served by Tarrant County (Fort Worth) through various funding sources, including MIECHV. Hood is also included in the North Texas Area Help Me Grow. Burleson County is also included as being part of a larger unified service area. Burleson County is next to Brazos County (College Station) and receives services from agencies in Brazos County that are providing home visiting services.

In total, 239 counties have been identified as having at-risk communities, having needs outside of the risk assessment, or being part of a unified service area. These counties include more than 99% of the population of children younger than the age of 5 years old in Texas.

From 2016 to 2023, most of our risk metrics have either been stable or have shown decreases. This is especially true for those measures closely aligned with child poverty. Child poverty has decreased nearly 26% in the state in the past 10 years, and this decrease has continued even after federal stimulus payments to families ended.

Texas is seeing increased risk with poor mental health and substance use, however. As with the rest of the nation[3], Texas has seen a significant and marked increase in adolescents presenting at the emergency department with suicidal ideations or other mental health concerns. The adolescents in these reports are the young parents of today. These same trends of increasing mental health concerns in the emergency department are beginning to be seen in adult data. Texas data shows significant increases since 2016 in adults presenting to the emergency department and being identified as having suicidal ideations. Given the impact parental mental health has on early child development, it is vital that adult mental health is considered in our assessment of community and individual health and risk.

The pandemic changed the drug use landscape in Texas. Before the pandemic, Texas had one of the lowest opioid drug overdose rates in the country[4]. Since 2019, the drug poisoning death rate in the state has increased from 9.5 to 16.3 deaths per 100,000 in the population. When assessing only opioids, the rate has nearly tripled. To put this in perspective, in 2019, there were 319 fentanyl-related overdose deaths. This number skyrocketed to 2,306 in 2023[5]. Drug overdose is a symptom of a larger drug use problem in a community and can be a leading indicator of prenatal substance use exposure. Indeed, we are beginning to see this in Texas data. Since 2016, there has also been a statistically significant increase in prenatal

substance use exposure among births. Prenatal substance use exposure strongly clusters in communities, which indicates that not only is this a risk for individual families but also for the community at large.

Mental health and substance use issues dominated the community-level risk assessment. Of the 239 counties identified as having high-risk ZIP codes, 210 qualified as high-risk based on their ZIP codes' Mental Health & Substance Use Issues factor score. While these issues do cluster in communities, it is important to point out that these communities are in every corner of the state.

4 Identifying Quality and Capacity of Existing Programs

4.1 Early Childhood Quality and Capacity

There are strategic efforts in Texas to expand the early childhood capacity of communities. In 2020, there were twenty counties that had at least one MIECHV-funded organization. There are now 49 counties served by a MIECHV-funded home visiting program. For the state-funded Nurse-Family Partnership (NFP) program, there are 50 counties that that are eligible for services. Of these counties, 28 do not have any MIECHV-funded sites. There are also 63 counties being served by at least one agency receiving Healthy Outcomes through Prevention and Early Support (HOPES) funding. Of these, 23 counties do not receive MIECHV or NFP home visiting funds. Across all three of these early childhood funding streams, there are 100 counties being served with these funds. This amended Needs Assessment has identified that residents of all of these counties are eligible for MIECHV-funded home visiting. Additionally, 139 counties that historically did not have these programs are now eligible for funding.

Since 2020, Texas has been working to support local implementation of the Help Me Grow system model[6]. This model helps families with young children navigate into appropriate services through a central access point. There are now 49 counties served by a Help Me Grow affiliate, the largest of which is the North Texas Area Help Me Grow, which serves the entire Dallas-Fort Worth metropolitan area.

Texas is also using Preschool Development Grant Birth to 5 funds to strengthen local early child coalitions, including supporting Help Me Grow expansion. Twenty-nine different organizations, all of whom receive either MIECHV or HOPES funds have been funded to specifically strengthen their early childhood system. The Preschool Development Grant Birth to 5 and Help Me Grow expansion efforts are geared towards expanding the local quality capacity of the already funded early childhood system.

Additionally, Texas is working with other organizations across the state to support home visiting infrastructure. The goal of this work is to identify eligible counties without early childhood funds and provide those communities with technical assistance surrounding home visiting and capacity building.

For this Needs Assessment, capacity was assessed using administrative data, model fidelity guidance, and quarterly and monthly narrative reports for MIECHV funded and other home visiting programs. The quality of home visiting programs was assessed by the role each program plays in their community, including each program's ability to meet the needs of their families by connecting them to additional resources. This was assessed through: the ways that need was assessed, the strength of referrals that programs make, and how the program was connected to the broader community.

4.2 Capacity for Mental Health & Substance Use Treatment

Texas is still maintaining specialized substance use treatment for pregnant and postpartum women that allows them to enter treatment with their children. The number of facilities that support this type of specialized treatment has not changed since 2020, however, new facilities will be opening in the next two years, which will allow for an expansion of these important services.

Beginning in 2023, Texas launched a pilot perinatal psychiatric access network (PeriPan). This hotline expanded to be statewide in the fall of 2024. Not only does the hotline provide psychiatric consultation to medical providers, but it also helps providers find therapy services for pregnant and postpartum women.

In 2024, Texas partnered with Northwestern University to make available Mothers & Babies training to early childhood prevention grantees (e.g. MIECHV-funded providers and HOPES). Mothers & Babies is an evidence-based perinatal depression prevention program that can be administered by non-licensed individuals. It is designed to help new mothers learn coping skills, identify and mitigate stressors, and track their moods. The evaluation of this implementation is in progress.

5 Coordinating with Title V Maternal Child and Health Services, Head start, and Child Abuse Prevention and Treatment Act (CAPTA) Needs Assessments

5.1 Coordination and Collaboration With Other Needs Assessments

As in previous years, we have worked closely with Title V as they have developed their priorities. Additionally, we have used the Preschool Development Grant Birth to 5 needs assessment conducted in 2022 to understand the childcare landscape and the needs of local early childhood systems[7].

6 Conclusion

Texas is a large and diverse state with diverse needs. It is clear that there are needs that are felt across the state, including those surrounding substance use disorder, mental health, and service coordination for families. However, there are specific needs in each region and each community that must be addressed.

Communities have had access to the data presented in this report, and their feedback on the data and risk profiles shows their investment in using these data to take action in their communities. The regional assessment of risk has also been presented to stakeholders throughout the state. Through incorporating these data into local needs assessments, using the data for program improvements, and continuing to present to local and state organizations, the results of this Needs Assessment will be used to improve the health and well-being of young children and families in the state.

7 Citations

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8 Appendix A. Data Summary

8.1 Identifying At-Risk Communities

8.1.1 Table 2. Counties At-Risk List

- The list below includes all the counties with at least one high-risk ZIP code and their state risk rank.
    - Counties in bold were included in the 2020 Needs Assessment.
    - Counties with risk and at least one ZIP code with significantly decreasing childcare enrollment for 3 & 4 year olds have an * behind its name.
    - County with significantly decreasing childcare enrollment for 3 & 4 year olds, but no other risk have a + behind its name.
    - County that is part of a larger unified service area with qualifying risk have a t behind its name.

1. **Harris***
2. **Dallas***
3. **Bexar***
4. **Tarrant***
5. **Hidalgo***
6. **Travis***
7. **El Paso***
8. **Fort Bend***
9. **Cameron***
10. **Webb***
11. **Bell***
12. **Nueces***
13. **Smith***
14. **Williamson***
15. **Hays***
16. **Guadalupe***
17. **Brazoria***
18. **Kaufman***
19. **Potter***
20. **Jefferson***
21. **Chambers***
22. **Montgomery***
23. **Ellis***
24. **Ector***
25. **Caldwell***
26. **Lubbock***
27. **Galveston***
28. **McLennan***
29. **Comal***

30. **Coryell***
31. **Grayson***
32. **Gregg**
33. **Hudspeth***
34. **Randall**
35. **Midland***
36. **Liberty***
37. **Denton***
38. **Rockwall***
39. **Starr***
40. **Collin***
41. **Taylor***
42. **Upshur***
43. **Parker**
44. **Martin**
45. **Brazos***
46. **Burnet**
47. **Angelina***
48. **Henderson***
49. **Wilson***
50. **Navarro***
51. **Maverick***
52. **Harrison**
53. **Van Zandt***
54. **Anderson***
55. **Johnson***
56. **Hunt***
57. **Lynn***
58. **Jim Wells***
59. **Bastrop***
60. **Tom Green***
61. **Glasscock***
62. **Cherokee***
63. **Duval***
64. **Orange***
65. **Bowie**
66. **Val Verde***
67. **Callahan***
68. **Victoria***
69. **Kleberg***
70. **Lampasas**
71. **Wichita***

72. **Jasper***
73. **San Patricio***
74. **Falls***
75. **Trinity***
76. **Atascosa***
77. **Live Oak**
78. **Franklin**
79. **Borden***
80. **Polk***
81. **Wharton***
82. **Nacogdoches***
83. **Matagorda***
84. **Bee***
85. **Kerr***
86. **Rusk***
87. **Palo Pinto***
88. **Coleman***
89. **Upton**
90. **Wise***
91. **Hopkins***
92. **Cooke***
93. **Titus**
94. **Castro**
95. **Medina***
96. **Zapata***
97. **Wood***
98. **Irion**
99. **Howard***
100. **Gillespie**
101. **Uvalde***
102. **Waller***
103. **Armstrong**
104. **Lamar***
105. **Walker***
106. **Newton***
107. **Hale**
108. **Aransas**
109. **Cass**
110. **Real**
111. **Brown**
112. **Lee***
113. **Hockley***

114. **Panola***
115. **Jones***
116. **Colorado**
117. **Hill***
118. **Deaf Smith**
119. **Freestone***
120. **Frio***
121. **Mills***
122. **Limestone**
123. **Shelby***
124. **Andrew*s**
125. **Fannin***
126. **San Jacinto**
127. **Shackelford**
128. **San Augustine**
129. **Zavala**
130. **Wilbarger***
131. **Willacy***
132. **Houston***
133. **Marion***
134. **Milam***
135. **Stephens**
136. **Dimmit***
137. **Cochran***
138. **Foard**
139. **Gaines***
140. **Young***
141. **Delta***
142. **Fisher***
143. **Jim Hogg**
144. **Grimes**
145. **Crosby***
146. **DeWitt**
147. **Gonzales**
148. **Terry***
149. **Lamb***
150. **Nolan**
151. **Hardin**
152. **Sabine**
153. **Dawson***
154. **Kenedy**
155. **Ward***

156. **Lavaca***
157. **Yoakum***
158. **Eastland**
159. **Archer**
160. **Garza**
161. **Leon**
162. **Jackson**
163. **Bosque**
164. **Llano**
165. **Karnes***
166. **Carson**
167. **La Salle**
168. **Montague***
169. **Red River***
170. **Briscoe**
171. **Madison**
172. **Robertson***
173. **Collingsworth**
174. **Bandera**
175. **Austin**
176. **Runnels**
177. **Morris***
178. **Tyler***
179. **McCulloch**
180. **Swisher**
181. **Haskell**
182. **Mason**
183. **Refugio**
184. **Throckmorton***
185. **McMullen***
186. **Comanche***
187. **Baylor**
188. **Donley**
189. **Wheeler***
190. **Childress**
191. **Stonewall***
192. **Clay***
193. **Hall**
194. **Brooks**
195. **Jack**
196. **Knox***
197. **Hamilton***

198. **Hardeman**
199. **Erath***
200. **Cottle**
201. **Dickens**
202. **Fayette***
203. **Edwards**
204. **Jeff Davis**
205. **San Saba***
206. **Somervell***
207. **Culberson**
208. **Gray***
209. **Calhoun**
210. **Kinney**
211. **Kent**
212. **Concho***
213. **King***
214. **Rains***
215. **Coke**
216. **Sterling**
217. **Floyd**
218. **Hartley***
219. **Hutchinson***
220. **Moore***
221. **Oldham**
222. **Crockett**
223. **Pecos***
224. **Brewster**
225. **Reeves**
226. **Kimble***
227. **Menard**
228. **Hemphill**
229. **Lipscomb**
230. **Washington**
231. **Motley***
232. **Scurry+**
233. **Winkler+**
234. **Kendall+**
235. **Parmer+**
236. **Roberts+**
237. **Blanco+**
238. **Hood[t]**
239. **Burleson[t]**