



COMMONWEALTH of VIRGINIA

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797
Richmond, Virginia 23218-1797

NELSON SMITH
COMMISSIONER

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

November 15, 2024

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

Re: Item 297 H.2, 2024 Special Session I Appropriations Act

Item 297 H.2 of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on the Part C Early Intervention System. The language reads:

2. By November 15 of each year, the department shall report to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees on the (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants, toddlers and families served using all Part C revenues, and (d) services provided to those infants, toddlers, and families.

Cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



Report on Part C Early Intervention System, FY 2024

Item 297 H.2 2024 Special Session

November 15, 2024

A Life of Possibilities for All Virginians

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797 PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB
SITE: WWW.DBHDS.VIRGINIA.GOV

Preface

Item 297 H.2 of the 2024 Special Session I Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the chairs of the House Appropriations and Senate Finance & Appropriations Committees on the revenues and use thereof concerning Part C of the Individuals with Disabilities Education Act (IDEA). The language reads:

2. By November 15 of each year, the department shall report to the Chairmen of the House Appropriations and Senate Finance Committees on the (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants, toddlers and families served using all Part C revenues, and (d) services provided to those infants, toddlers, and families.

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Executive Summary

Under Part C of the federal Individuals with Disabilities Education Act (IDEA), early intervention services must be provided to all eligible infants and toddlers with disabilities, birth to the age of three, and their families, with parental consent. In Virginia, the Department of Behavioral Health and Developmental Services (DBHDS) is the State Lead Agency for early intervention.

In FY 2024, Virginia served 23,660 eligible infants, toddlers and families with early intervention services using \$26,556,453 in state general funds from the budget. Total revenue and expenditures for the statewide early intervention system both exceeded \$106 million. Medicaid, state general funds for Part C and local funds were the top three revenue sources. The most common early intervention services provided were physical therapy, occupational therapy, speech-language pathology and developmental services. All eligible children and families receive services coordination.

In FY 2024, reported revenue covered the reported expenses for the Part C early intervention system. However, looking ahead, the following indicates the need for revenue growth:

- Child count numbers continue to increase. The one-day child count grew by over 5.3 percent between December 1, 2022, and December 1, 2023.
- The State budget for FY 2024 included a 12.5 percent Medicaid rate increase beginning January 1, 2024, for early intervention services other than service coordination. Although helpful in increasing revenue and narrowing the gap between the reimbursement rate and costs, this rate increase did not cover the full cost of providing services nor does it completely close the gap in overall funding for early intervention. In addition to impacting the need for additional funds, the discrepancy in cost versus reimbursement is contributing to provider shortages. Staff vacancies were the contributed to some local systems not having a budget deficit in FY 2024.
- When submitting their FY 2025 initial budgets, eight local systems reported a projected deficit for this year. The total projected shortfall is approximately \$3.6 million. The FY 2025 projected deficit is triple what was reported in FY 2024 initial budgets.
- Impacts of personnel shortages continue to impact infants, toddlers and their families. In FY 2024, eight LLAs were found to be out of compliance with federally mandated timelines because they lack the providers necessary to serve the number of children being referred and found eligible for early intervention services.

Introduction

Virginia has participated in the federal early intervention program referred to as Part C under the Individuals with Disabilities Education Act (IDEA), since its inception in 1991. The Virginia General Assembly codified an infrastructure for the early intervention system that supports shared responsibility for the development and implementation of the system among various agencies at the state and local levels. DBHDS was designated and continues to serve as the State Lead Agency (SLA). The broad parameters for the Part C system are established at the state level to ensure implementation of federal Part C regulations. Within the context of these broad parameters, 40 local lead agencies (LLAs) manage services across Virginia.

In 2012, the General Assembly appropriated the state funds necessary to increase the Medicaid reimbursement rate for early intervention targeted case management from \$120 per month to \$132 per month for state fiscal year (FY) 2013, beginning July 1, 2012. To address a looming \$8.5 million deficit in funding for early intervention due to significant increases in the number of children served and static federal funding, critical support for Virginia’s early intervention system was provided in 2013 by allocating an additional \$2.3 million in state general fund dollars for early intervention in FY 2013 and another \$6 million for FY 2014. In recognition of continued growth, annual increases have been allocated since FY 2015, and total of just over \$23.6 million has been allocated for FY 2022. An additional increase of \$2.9 million was approved for FY 2023 and maintained for FY 2024.

To the maximum extent possible, the following narrative, charts and other graphics respond to the legislative requirements as delineated in the 2024 Special Session 1 Virginia Acts of Assembly, Chapter 2, Item 297 H.2. The following data is based on revenue and expenditure reports received from the 40 LLAs and includes data from private providers with whom the LLAs contract.

Total Revenues Used to Support Part C Services in FY 2024

The table below shows the total revenue to support Part C Early Intervention services in FY 2024.

Revenue Source	FY 2024 Revenue
Medicaid, Including Targeted Case Management	\$38,214,449
State Part C Funds	\$29,125,793
Local Funds	\$16,142,996
Federal Part C Funds	\$9,835,924
Private Insurance and TRICARE	\$6,487,609
Family Fees	\$2,022,203
In-Kind	\$739,101
Other State General Funds	\$787,857
Grants/Gifts/Donations	\$61,288
Other	\$4,453,125
Total	\$107,870,345

Part C Funding Allocated by DBHDS to Each LLA¹ for FY 2024

The following table show the federal and state Part C funding allocated by DBHDS to the 40 LLAs for FY 2024.

Infant & Toddler Connection of:	State Allocation	Federal Allocation
Alexandria	\$406,366.00	\$151,993.00
Alleghany-Highland	\$68,581.00	\$38,243.00
Arlington County	\$523,650.00	\$192,383.00
Augusta-Highland	\$230,921.00	\$92,167.00
Blue Ridge	\$764,298.00	\$271,046.00
Central Virginia	\$756,569.00	\$260,896.00
Chesapeake	\$1,097,287.00	\$383,850.00
Chesterfield	\$1,373,143.00	\$474,767.00
Crater District	\$222,838.00	\$88,581.00
Cumberland Mountain	\$126,919.00	\$54,397.00
Danville-Pittsylvania	\$212,909.00	\$84,632.00
DILENOWISCO	\$158,694.00	\$65,311.00
Eastern Shore	\$123,823.00	\$55,113.00
Fairfax-Falls Church	\$4,993,179.00	\$1,702,517.00
Goochland-Powhatan	\$198,857.00	\$83,850.00
Hampton-Newport News	\$612,913.00	\$218,620.00
Hanover County	\$458,736.00	\$170,951.00
Harrisonburg-Rockingham	\$416,617.00	\$151,362.00
Heartland	\$269,482.00	\$103,092.00
Henrico, Charles City, New Kent	\$1,075,394.00	\$372,233.00
Highlands	\$218,924.00	\$86,482.00
Loudoun County	\$1,643,702.00	\$572,600.00
Middle Peninsula-Northern Neck	\$308,860.00	\$116,833.00
Mount Rogers	\$204,377.00	\$78,305.00
New River Valley	\$403,111.00	\$147,371.00
Norfolk	\$965,792.00	\$337,339.00
Piedmont	\$156,000.00	\$64,116.00
Portsmouth	\$355,617.00	\$132,029.00
Prince William, Manassas, Manassas Park	\$1,232,378.00	\$836,783.00
Rappahannock Area	\$1,198,436.00	\$415,086.00
Rappahannock-Rapidan	\$378,649.00	\$141,881.00
Richmond	\$641,209.00	\$223,540.00
Roanoke Valley	\$494,186.00	\$175,955.00
Rockbridge Area	\$132,388.00	\$59,457.00
Shenandoah Valley	\$753,888.00	\$266,338.00

¹ See Appendix A for a listing of the counties and cities included in each local system.

Infant & Toddler Connection of:	State Allocation	Federal Allocation
Southside	\$208,370.00	\$83,073.00
Staunton-Waynesboro	\$156,817.00	\$66,931.00
Virginia Beach	\$1,634,577.00	\$564,829.00
Western Tidewater	\$641,111.00	\$229,491.00
Williamsburg, James City, York	\$736,885.00	\$264,974.00
TOTAL	\$26,556,453	\$9,464,417

Total Expenses for All Part C Services in FY 2024

The table below presents the total expenditures for Part C early intervention services in FY 2024.

Service	FY 2024 Expenditures
Assessment for Service Planning	\$6,154,960
Assistive Technology Devices	\$128,470
Assistive Technology Services	\$75,542
Audiology	\$20,452
Counseling	\$54,990
Developmental Services	\$5,704,526
Evaluation for Eligibility Determination	\$2,414,166
Health	\$187,472
Nursing	\$0
Nutrition	\$1,155
Occupational Therapy	\$4,932,899
Physical Therapy	\$5,749,317
Psychology	\$0.00
Service Coordination	\$27,239,635
Social Work	\$324,301
Speech Language Pathology	\$10,522,062
Transportation	\$344,916
Vision	\$192,737
Other Entitled Part C Services	\$598,322
El Services by Private Providers*	\$26,695,970
TOTAL Direct Services**	\$91,341,892

* The local expenditure reporting forms were revised in FY 2013 to eliminate duplicate reporting of expenses paid with Part C funds. It was not possible to eliminate the duplication by service category, so private provider expenses for all early intervention services are reported as a lump sum.

** The local lead agencies reported an additional \$15,223,867 of expenses related to the system components (administration, system management, data collection and training) that are critical to implementation of direct services. **Therefore, total expenses are \$106,565,759.**

Total Number of Infants, Toddlers and Families Served in FY 2024

The table below shows the total number of infants and toddlers evaluated annually since 2004 and delineates between those who were found eligible and entered services as opposed to those who did not enter services.

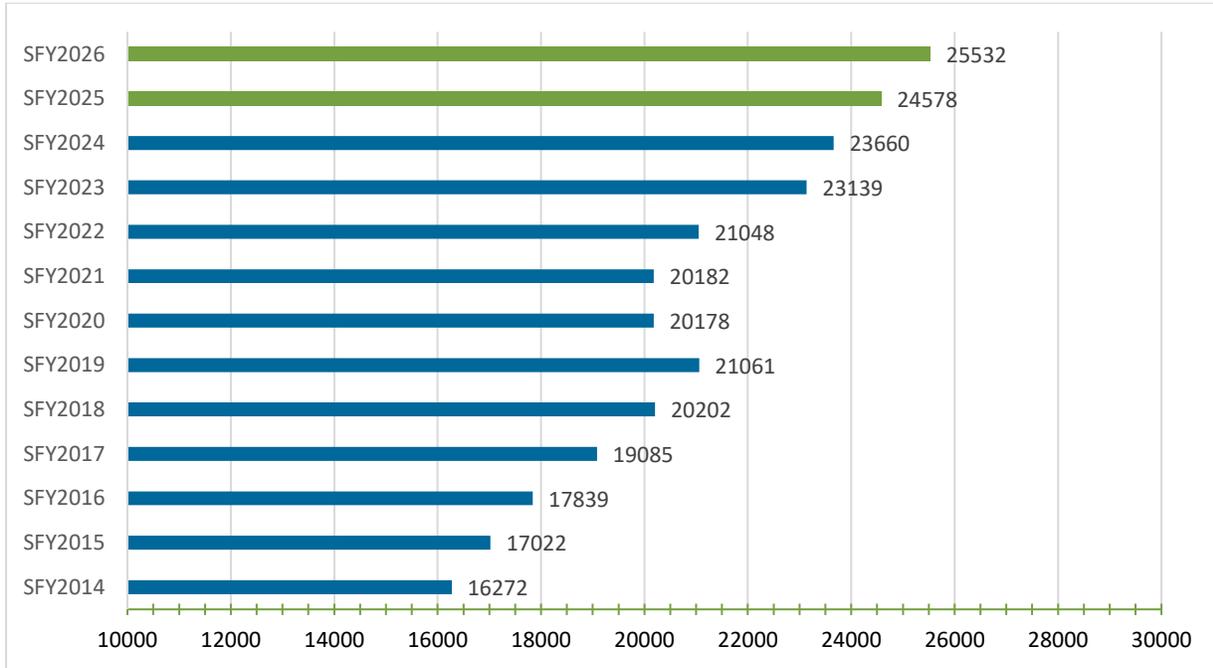
Year	Total Number Served: Eligible and Entered Services	Total Number Evaluated Who Did Not Enter Services*
December 2, 2003 – December 1, 2004	8,540	0
December 2, 2004 – December 1, 2005	9,209	0
FY 2007 (July 1, 2006 – June 30, 2007)	10,330	0
FY 2008 (July 1, 2007 – June 30, 2008)	11,351	1,760
FY 2009 (July 1, 2008 – June 30, 2009)	11,766	1,671
FY 2010 (July 1, 2009 – June 30, 2010)	12,234	1,494
FY 2011 (July 1, 2010 – June 30, 2011)	14,069	1,829
FY 2012 (July 1, 2011 – June 30, 2012)	15,676	1,797
FY 2013 (July 1, 2012 – June 30, 2013)	15,523	1,745
FY 2014 (July 1, 2013 – June 30, 2014)	16,272	1,720
FY 2015 (July 1, 2014 – June 30, 2015)	17,022	1,815
FY 2016 (July 1, 2015 – June 30, 2016)	17,839	1,976
FY 2017 (July 1, 2016 – June 30, 2017)	19,085	2,078
FY 2018 (July 1, 2017 – June 30, 2018)	20,202	2,150
FY 2019 (July 1, 2018 – June 30, 2019)	21,061	2,186
FY 2020 (July 1, 2019 – June 30, 2020)	20,178	2,419
FY 2021 (July 1, 2020 – June 30, 2021)	20,182	2,057
FY 2022 (July 1, 2021 – June 16, 2022)**	21,048	--
FY 2023 (July 1, 2022 – June 30, 2023)	23,139	2,282
FY 2024 (July 1, 2023 – June 30, 2024)	23,660	2,419

* These children received a multidisciplinary team evaluation to determine eligibility and, in some cases, an assessment for service planning, but did not enter services because they were either found ineligible for Part C, declined Part C early intervention services, or were lost to contact. Since evaluation and assessment, by federal law, must be provided at no cost to families, neither private insurance nor families can be billed for these services. Unless the child has Medicaid or TRICARE, federal and state Part C funds are generally used to pay for evaluation and assessment.

** On June 17, 2022, DBHDS archived the existing statewide early intervention data system (ITOTS). A new data system, TRAC-IT, launched on June 27, 2022. Since efforts to catch up and clean up data entry in the new data system were still underway at the time, DBHDS reported the total number of children served based on archived data from ITOTS. For FY2022, DBHDS was unable to report on the total number evaluated who did not enter services, since the necessary report had not yet been launched for the new data system.

Using the total number of children served each year (annual child count), the chart below trends the projected number of eligible children to be served through FY 2026.

Number of Infants, Toddlers and Families Served: Projected FY 2025 and FY 2026



Services Provided to Eligible Infants, Toddlers and Families

The table and chart below spotlight the types of services provided to eligible infants and toddlers, and the total number of children receiving each service as of June 1, 2024. Virginia’s new statewide data system, TRAC-IT, allows reporting of services listed on each child’s most current Individualized Family Service Plan (IFSP).

Total Number of Children Receiving Each Part C EI Service as of June 1, 2024

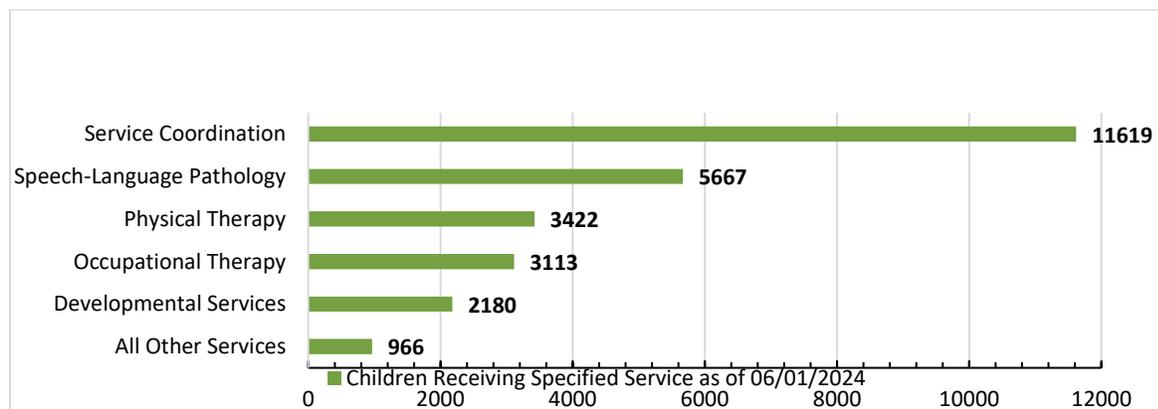
Early Intervention Service	Found on # IFSPs
Service Coordination ²	11619
Speech-Language Pathology	5667
Physical Therapy	3422
Occupational Therapy	3113
Developmental Services	2180
Assistive Technology Services ³	611

² All Part C eligible children and families receive service coordination.

³ The IFSPs of 11 children reported Assistive Technology Services as a stand-alone service. The IFSPs of 600 additional children reported Assistive Technology Services in conjunction with one or more other Part

Early Intervention Service	Found on # IFSPs
Social Work Services	93
Audiology	86
Signed and Cued Language Services ⁴	78
Vision Services	44
Assistive Technology Devices	43
Counseling	6
Nursing Services	4
Nutrition Services	1
Health Services	0
Medical Services	0
Psychology Services	0
Transportation	0

Most Frequently Planned EI Services



Data Limitations

On December 11, 2023, DBHDS fully implemented a new statewide early intervention data system, Tracking, Reporting and Coordinating for Infants and Toddlers (TRAC-IT). TRAC-IT replaced the previous 20-year-old data system, which was designed primarily to meet annual federal reporting requirements related to child count data. TRAC-IT has the potential to provide data on not only the initial planned services, but also on how those services change over time, on delivered services, and on payment sources for those services. While most local agencies are directly and fully entering required data in TRAC-IT, a few continue, with DBHDS support, to work towards TRAC-IT integration with local electronic health records (EHRs) to fully report on

C entitled service(s)—e.g., Developmental Services/Assistive Technology Services, Physical Therapy/Assistive Technology Services, etc.

⁴ Signed and Cued Speech Services are not a stand-alone service, but rather provided in conjunction with one or more other Part C entitled service(s)—e.g., Speech-Language Pathology/Sign Language Services, Audiology/Cued Speech Services, etc.

service delivery. Therefore, delivered service data and related billing information is available for some but not yet all localities.

Until more financial data for Part C services is collected through TRAC-IT, DBHDS will continue to rely on a paper process for collecting and reporting data on the expenses associated with providing services and the revenue sources that are accessed in providing services. LLAs and private providers each maintain separate billing and accounting systems, so there is no method to reliably ensure non-duplication of reporting of expenses and revenues.

Overall Fiscal Climate for Part C for FY 2025 and Beyond

Revenue covered expenses for the Part C early intervention system in FY 2024. However, looking ahead, revenue growth will be essential as indicated by the following trends:

- Child count numbers continue to increase. The annual FY 2024 total child count is 2.25 percent higher than in FY 2023. Virginia's point in time child count for December 1, 2023 increased 5.3 percent from December 1, 2022. The point in time count is the number of children enrolled on a specific date and is how the U.S. Department of Education measures state child find efforts. Except for the pandemic period, the point in time year-to-year increases in the number of children served in Part C early intervention has been generally in the range of 4-7 percent. With the impacts of the pandemic still being seen in children and families, earlier diagnosis and increased prevalence of autism spectrum disorder and increased prevalence of substance-exposed infants and young children, child count increases are likely to remain in that range over the next few years. Further supporting the likelihood of significant child count increases, estimates on the prevalence of developmental delay and disability among U.S. children range from 8.5 - 17 percent. Virginia is serving 4.12 percent of the birth-three population in early intervention.
- DBHDS was able to address just over \$1 million in expected FY 2024 budget shortfalls across five local systems using reallocated, one-time American Rescue Plan Act (ARPA) funds and a small amount of available federal Part C funds. ARPA funding is no longer available to address local deficits.
- When submitting their FY 2025 initial budgets, eight local systems reported a projected deficit of approximately \$3.6 million. The FY 2025 projected deficit is triple what was reported in FY 2024 initial budgets and reinforces the need for continued revenue growth.
 - The need to provide cost-of-living adjustments and/or performance increases for staff salaries was cited by multiple CSBs as a factor contributing to projected budget shortfalls. Local staff salaries are frequently funded through a combination of federal, state and local dollars. When state and/or local budgets or the DBHDS Performance Contract include cost-of-living adjustments for other programs, but the Part C state budget does not, then salary increases for positions funded through multiple sources can result in a Part C budget shortfall.
 - Local lead agencies also report increased mileage and equipment costs as reasons for projected budget deficits.

- DBHDS continues to work with the Department of Medical Assistance Services (DMAS) to address challenges related to Medicaid reimbursement for early intervention services.
 - The Medicaid Early Intervention Targeted Case Management program ensures eligible children and families receive service coordination that is appropriate to the needs of infants, toddlers and their families. While the Early Intervention Targeted Case Management reimbursement rate increased by 12.5 percent in FY 2022 to \$148.50 per month, this rate still does not cover the expenses of providing this service. Those expenses were estimated at \$175 per month when a cost study was updated by DMAS in 2009. Given the level of case management provided in early intervention, DMAS has been supportive of increasing the EI case management rate to the same level as the developmental disability case management rate (currently \$326.50 per month) if funding were available.
 - The Medicaid Early Intervention Services Program continues to reimburse providers the full early intervention rate for services (other than service coordination) for children with Medicaid. The budget for FY 2024 provided a permanent 12.5 percent rate increase beginning January 1, 2024. Although helpful, this rate increase does not full cover the cost of providing services and does not completely close the gap in overall funding for early intervention. Since reimbursement rates are consistent regardless of payor source, state and federal funding must be used to pay any part of the increased rate that is not covered by private insurance or family fees and to pay the full fee for children who are uninsured. Insufficient reimbursement rates make it difficult to sustain the early intervention system, make it impossible for programs to offer competitive salaries, and contribute to workforce shortages.
 - Under Medicaid managed care, LLAs and provider agencies are investing significantly more administrative time to get reimbursed than was required under the fee-for-service arrangement. The extra time and money required for Medicaid MCO billing also decrease the personnel time and funding available for other early intervention functions, including service provision.
- DBHDS successfully worked with DMAS in FY 2021 to ensure permanent expansion of services delivered via telehealth to include early intervention services, even after the federal public health emergency for COVID-19 ended. This maximized the availability of providers and expanding access to services. Although local systems offer both in-person and telehealth service delivery and telehealth can be effective in meeting the needs of many children and families, most families request fully in-person services. This decreases the potential benefits to cost and provider availability that telehealth can otherwise deliver.
- Federal early intervention requirements necessitate aggressive outreach for public awareness and other efforts to identify all eligible children, meeting rigorous standards for timely and effective services, and ensuring there are no waiting lists. All states are also required by the U.S. Department of Education to implement strategies to improve outcomes for infants and toddlers. This worthwhile effort requires both human and fiscal resources.
- Unless funding stays apace with growth, costs and the service needs of infants and toddlers in early intervention, Virginia runs the risk of noncompliance with federal requirements for the program. At the time of the FY 2024 annual compliance indicator measurement and verification process—during which Part C compliance indicators are measured for all 40 LLAs— eight LLAs were found to be out of compliance with federally-mandated

timelines. Many of the local systems that have been (or may soon be) out of compliance with federally-required timelines lack the providers needed to serve the children being referred and found eligible for early intervention services.

- Staff vacancies resulting from personnel shortages were the reason that some local systems did not have a budget deficit in FY 2024.

Achieving a stable and sustainable fiscal structure for Virginia’s early intervention system remains a top priority, as this is essential to ensuring an effective service system that leads to positive outcomes for infants and toddlers with disabilities and their families and maintaining the highest determination provided by the U.S. Department of Education (Meets Requirements). To this end, DBHDS is:

- Closely monitoring the fiscal situation across local systems and child count data as referrals continue to increase;
- Providing support to local system managers and local fiscal staff to ensure effective oversight of local budgets and spending as well as accurate reporting of revenues and expenditures;
- Continuing to request that DMAS conduct a rate study to determine the amount of a permanent rate increase needed to adequately cover the cost of providing early intervention services, including case management; and
- Continuing to explore, with stakeholders, opportunities to expand the early intervention workforce and strategies to recruit and retain qualified providers.

Conclusion

Virginia and national data indicate that early intervention is leading to a number of positive outcomes for children and families. Research finds that early intervention reduces the need for special education and grade retention and reduces future costs in welfare and criminal justice programs. Estimates on the cost savings vary, but the long-term study associated with the Perry Preschool Project indicates that every dollar invested in early education will lead to at least a seven-dollar return. As demonstrated by the data reported above, the funding provided by the General Assembly permitted local Part C early intervention systems to provide a wide variety of needed supports and services to more than 23,500 eligible infants, toddlers and their families during FY 2024. These funds also touched the lives of many more infants, toddlers and families who received evaluations for eligibility determination and assessments upon referral to the Part C early intervention system even though they did not proceed on to receiving other early intervention supports and services. As Virginia continues to experience significant increases in the numbers of children referred to and served in early intervention, state Part C funding is essential to ensure the Commonwealth can achieve a more fiscally stable and sustainable early intervention system for all eligible infants, toddlers and their families

Appendix A Local System Names and Included Localities

Local System	Locales
Alexandria	Alexandria
Alleghany Highlands	Alleghany County, Clifton Forge, Covington
Arlington	Arlington County
Augusta-Highland	Augusta County, Highland County
Blue Ridge	Albemarle County, Charlottesville, Fluvanna County, Greene County, Louisa County, Nelson County
Central Virginia	Amherst County, Appomattox County, Bedford, Bedford County, Campbell County, Lynchburg
Chesapeake	Chesapeake
Chesterfield	Chesterfield County
Crater District	Colonial Heights, Dinwiddie County, Emporia, Greensville County, Hopewell, Petersburg, Prince George County, Surry County, Sussex County
Cumberland Mountain	Buchanan County, Russell County, Tazewell County
Danville-Pittsylvania	Danville, Pittsylvania County
DILENOWISCO	Dickenson County, Lee County, Norton, Scott County, Wise County
Eastern Shore	Accomack County, Northampton County
Fairfax-Falls Church	Fairfax, Fairfax County, Falls Church
Goochland-Powhatan	Goochland County, Powhatan County
Hampton-Newport News	Hampton, Newport News
Hanover	Hanover County
Harrisonburg-Rockingham	Harrisonburg, Rockingham County
Heartland	Amelia County, Buckingham County, Charlotte County, Cumberland County, Lunenburg County, Nottoway County, Prince Edward County
Henrico, Charles City and New Kent	Charles City County, Henrico County, New Kent County
Highlands	Abingdon, Bristol, Washington County
Loudoun	Loudoun County
Middle Peninsula-Northern Neck	Colonial Beach, Essex County, Gloucester County, King and Queen County, King William County, Lancaster County, Mathews County, Middlesex County, Northumberland County, Richmond County, West Point, Westmoreland County
Mount Rogers	Bland County, Carroll County, Galax, Grayson County, Marion, Smyth County, Wythe County
New River Valley	Floyd County, Giles County, Montgomery County, Pulaski County, Radford
Norfolk	Norfolk
Piedmont	Franklin County, Henry County, Martinsville, Patrick County
Portsmouth	Portsmouth
Prince William, Manassas and Manassas Park	Manassas, Manassas Park, Prince William County, Quantico
Rappahannock Area	Caroline County, Fredericksburg, King George County, Spotsylvania County, Stafford County
Rappahannock-Rapidan	Culpeper County, Fauquier County, Madison County, Orange County, Rappahannock County
Richmond	Richmond
Roanoke Valley	Botetourt County, Craig County, Roanoke, Roanoke County, Salem
Rockbridge Area	Bath County, Buena Vista, Lexington, Rockbridge County

Local System	Locales
Shenandoah Valley	Clarke County, Frederick County, Page County, Shenandoah County, Warren County, Winchester
Southside	Brunswick County, Halifax County, Mecklenburg County, South Boston, South Hill
Staunton-Waynesboro	Staunton, Waynesboro
Virginia Beach	Virginia Beach
Western Tidewater	Franklin, Isle of Wight County, Southampton County, Suffolk
Williamsburg, James City and York	James City County, Poquoson, Williamsburg, York County