COMMONWEALTH of VIRGINIA

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January 16, 2026

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, 2025 Appropriations Act

Item 297 H.2. of the 2025 Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the General Assembly. The language states:

> *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.*

In accordance with this item, please find enclosed the report for Item 297 H.2. for Fiscal Year 2025 (FY 2025). Staff are available should you wish to discuss this request.

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

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Report on Part C Early Intervention System FY 2025

(Item 297 H.2., 2025 Appropriations Act)

November 15, 2025

A Life of Possibilities for All Virginians

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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 2025, Virginia served 23,429 eligible infants, toddlers and families with early intervention services using $30,553,977 in state general funds from the budget. Total revenue and expenditures for the statewide early intervention system both exceeded $107 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 service coordination.

In FY 2025, reported expenses exceeded reported revenues by approximately $1.6 million for the Part C early intervention system. Looking ahead, the following indicate the need for revenue growth:

- Child count numbers were relatively unchanged from FY 2024 to FY 2025. However, estimates on the prevalence of developmental delay and disability among children in the United States range from 8.5 percent - 17 percent. Virginia is serving 4.35 percent of the birth-three population in early intervention.
- Early intervention reimbursement rates continue to fall short of covering the cost of providing services. A 12.5 percent rate increase in 2024 was the first and only rate increase since the early intervention rates were established with DMAS in 2009. As noted in this report, expenditure exceeded revenue in FY 2025 and local systems are reporting anticipated budget shortfalls for FY2026. In addition to impacting the need for additional funds, the discrepancy in cost versus reimbursement is contributing to provider shortages as attracting and retaining qualified personnel becomes increasingly challenging.
- When submitting their FY 2026 initial budgets, 10 local systems reported a projected combined deficit of approximately $3.61 million. Due to budget shortfalls, at least two LLAs have had internal discussions about ending their role in early intervention. Some LLAs have eliminated service provider positions and increased caseloads. While solving short-term budget shortfalls, these steps will ultimately result in infants, toddlers and families waiting for critical services and early intervention service coordinators and providers leaving the field due to burnout
- In FY 2025, 21 of 40 local systems were out of compliance with federally mandated timelines because they lack the providers and/or funding necessary to serve the number of children being referred and found eligible for early intervention services. Failure to meet timelines puts Virginia's ability to receive federal funding at risk; it also puts infants and toddlers at risk of further developmental delays and leaves families waiting for the support they need to help their children develop and learn.

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. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) serves 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 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. A total of just over $29 million was allocated for FY 2025.

To the maximum extent possible, the information presented herein responds to the legislative requirements as delineated in the 2025 Appropriation Act, Item 297 H.2. Revenue and expenditure data is based on reports received from the 40 LLAs and includes data from private providers with whom the LLAs contract.

Total Revenue Used to Support Part C Services

Table 1 reports the total revenue used to support Part C early intervention services in FY 2025.

Revenue Source	FY 2025 Revenue
Medicaid, Including Targeted Case Management	$33,795,794
State Part C Funds	$30,553,977
Local Funds	$17,572,599
Federal Part C Funds	$9,465,568
Private Insurance and TRICARE	$5,894,385
Family Fees	$1,680,181
In-Kind	$1,972,595
Other State General Funds	$610,701
Grants/Gifts/Donations	$58,242
Other	$7,498,382
TOTAL	**$109,102,424**

Table 1 – Total Revenue Used to Support Part C Services in FY 2025

Part C Funding Allocated by DBHDS to Each LLA[1]

Table 2 presents the state and federal Part C funding amounts allocated by DBHDS to the 40 LLAs for FY 2025.

Infant & Toddler Connection	State Allocation	Federal Allocation
Alexandria	$473,072.00	$161,794.00
Alleghany-Highland	$87,963.00	$42,203.00
Arlington County	$554,099.00	$187,479.00
Augusta-Highland	$257,092.00	$94,844.00
Blue Ridge	$799,057.00	$261,598.00
Central Virginia	$923,611.00	$294,449.00
Chesapeake	$1,261,657.00	$406,238.00
Chesterfield	$1,681,349.00	$532,042.00
Crater District	$181,470.00	$69,476.00
Cumberland Mountain	$178,229.00	$68,239.00
Danville-Pittsylvania	$275,659.00	$98,835.00
DILENOWISCO	$158,489.00	$61,420.00
Eastern Shore	$136,385.00	$56,794.00
Fairfax-Falls Church	$5,127,481.00	$1,606,096.00
Goochland-Powhatan	$185,194.00	$74,072.00
Hampton-Newport News	$795,230.00	$258,947.00
Hanover County	$378,489.00	$132,364.00
Harrisonburg-Rockingham	$537,413.00	$177,935.00
Heartland	$271,439.00	$96,113.00
Henrico, Charles City, New Kent	$1,242,129.00	$392,911.00
Highlands	$226,161.00	$82,087.00
Loudoun County	$1,849,577.00	$591,721.00
Middle Peninsula-Northern Neck	$343,326.00	$122,119.00
Mount Rogers	$230,291.00	$81,520.00
New River Valley	$441,452.00	$149,567.00
Norfolk	$1,049,124.00	$336,635.00
Piedmont	$194,142.00	$72,407.00
Portsmouth	$337,244.00	$117,099.00
Prince William, Manassas, Manassas Park	$1,332,595.00	$417,674.00
Rappahannock Area	$1,411,549.00	$447,568.00
Rappahannock-Rapidan	$392,733.00	$135,578.00
Richmond	$752,812.00	$240,853.00
Roanoke Valley	$547,927.00	$179,170.00
Rockbridge Area	$142,570.00	$59,869.00
Shenandoah Valley	$815,956.00	$264,634.00
Southside	$182,056.00	$70,890.00
Staunton-Waynesboro	$220,950.00	$83,114.00

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

Infant & Toddler Connection	State Allocation	Federal Allocation
Virginia Beach	$1,657,377.00	$527,735.00
Western Tidewater	$739,245.00	$242,343.00
Williamsburg, James City, York	$780,290.00	$258,881.00
TOTAL	**$29,152,884**	**$9,555,313**

Table 2 – Part C Funding Allocated by DBHDS to Each LLA for FY 2025

Total Expenses for All Part C Services

Table 3 presents the total expenditures for Part C early intervention services in FY 2025.

Service	FY 2025 Expenditures
Assessment for Service Planning	$6,710,150
Assistive Technology Devices	$31,007
Assistive Technology Services	$104,856
Audiology	$9,190
Counseling	$93,352
Developmental Services	$6,116,862
Evaluation for Eligibility Determination	$2,691,046
Health	$167,815
Nursing	$79,245
Nutrition	$1,291
Occupational Therapy	$5,015,769
Physical Therapy	$6,251,952
Psychology	$0.00
Service Coordination	$32,247,174
Social Work	$377,670
Speech Language Pathology	$11,193,463
Transportation	$53,690
Vision	$132,273
Other Entitled Part C Services	$464,609
EI Services by Private Providers*	$22,499,820
TOTAL DIRECT SERVICES**	**$94,241,234**

* 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.

** LLAs reported an additional $16,416,528 of expenses related to the system components (administration, system management, data collection and training) that are critical to implementation of direct services. **Hence, total expenses are $110,657,762.**

Table 3 – Total Expenses for All Part C Services in FY 2025

Total Number of Infants, Toddlers and Families Served

Table 4 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
FY 2025 (July 1, 2024 – June 30, 2025)	23,429	2,131

* 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 FY 2022, 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.

Table 4 – Total Number of Infants, Toddlers and Families Served

Number of Infants, Toddlers and Families Served: Projected FY 2026 and FY 2027

Chart A trends the projected number of eligible children to be served through FY 2027 using the total number of children served each year (annual child count) since FY 2014.

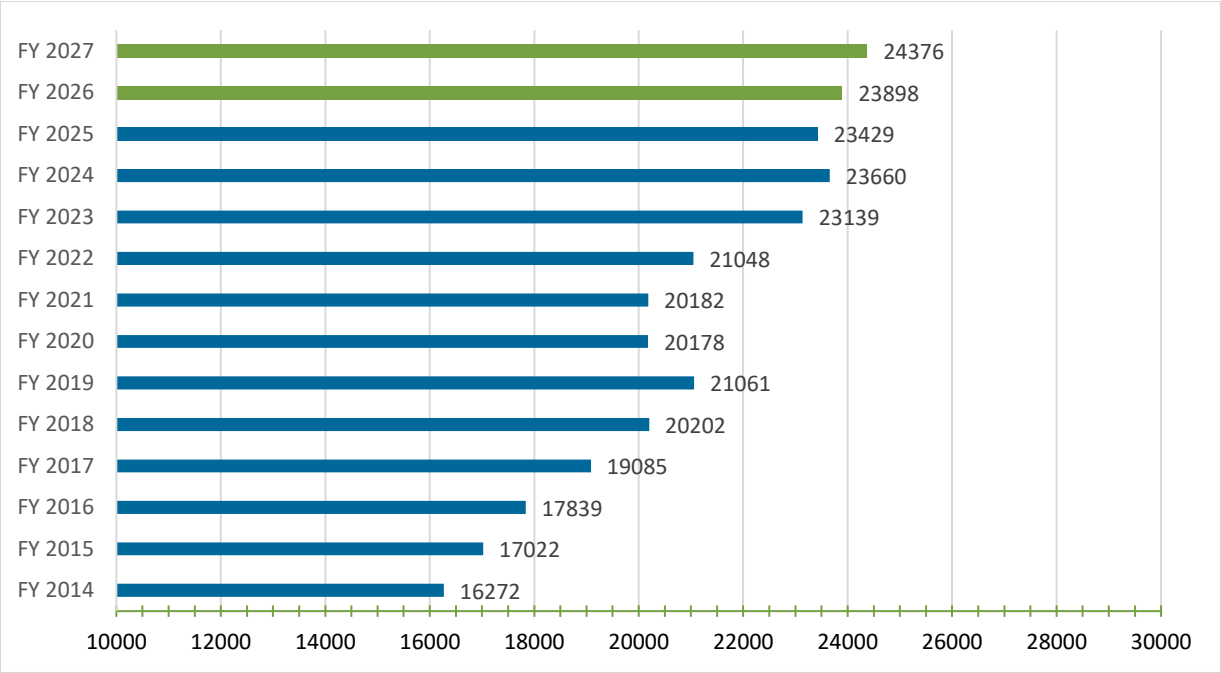

Chart A -- Number of Infants, Toddlers and Families Served: Projected FY 2026 and FY 2027

Services Provided to Eligible Infants, Toddlers and Families

Table 5 spotlights the types of services provided to eligible infants and toddlers, and the total number of children receiving each service as of June 1, 2025. Virginia's new statewide data system, TRAC-IT[2], 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, 2025

Early Intervention Service	Found on # IFSPs
Service Coordination[3]	11658
Speech-Language Pathology	5783
Physical Therapy	3363
Occupational Therapy	3196
Developmental Services	2143

[2] Tracking, Reporting and Coordinating for Infants and Toddlers (TRAC-IT)
[3] All Part C eligible children and families receive service coordination.

Assistive Technology Services[4]	1121
Social Work Services	107
Audiology	87
Vision Services	57
Assistive Technology Devices	48
Signed and Cued Language Services; Listening and Spoken Language Services[5]	45
Nursing Services	11
Counseling	7
Nutrition Services	3
Health Services	0
Medical Services	0
Psychology Services	0
Transportation	0

Table 5 – Total Number of Children Receiving Each Part C EI Service as of June 1, 2025

Some of the services listed on fewer or no IFSPs may be used by a lower incidence population (e.g., those related to vision or hearing loss) or those that are more often accessed outside of early intervention (e.g., medical, health and nursing services have very limited definitions that would qualify them as early intervention 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 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 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.

[4] The IFSPs of 2 children reported Assistive Technology Services as a stand-alone service. The IFSPs of 1,119 additional children reported Assistive Technology Services in conjunction with one or more other Part C entitled service(s)—e.g., Developmental Services/Assistive Technology Services, Physical Therapy/Assistive Technology Services, etc.

[5] Sign Language Services, Cued Speech Services and Listening and Spoken Language Services are not stand-alone services, 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.

Overall Fiscal Climate for Part C for FY 2026 and Beyond

Reported expenses exceeded revenues by approximately $1.6 million for the Part C early intervention system in FY 2025. Looking ahead, revenue growth will be essential as indicated by the following trends:

- The number of infants and toddlers served in a one-year period have historically increased annually, dipping for the first time due to the COVID-19 pandemic in FY 2020 and, more recently, in FY 2025. Notably, however, the FY 2025 annual child count (23,429) is 11.25 percent higher than the FY 2019 annual child count (21,061)—arguably the last "normal" count, having been recorded before the onset of the global COVID-19 pandemic.

    - Virginia's December 1, 2024, child count increased slightly from December 1, 2023. This 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.

    - In the early months of FY 2026, the total number of children in early intervention (birth to age three) has continued to increase slightly over FY 2025. The number infants, birth to one year, in early intervention is increasing more dramatically (3-5 percent over the same months in the previous year), which may lead to overall increases in the child count and longer stays in early intervention.

    - With 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 continue. 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 percent to 17 percent. Virginia is serving 4.35 percent of the birth-three population in early intervention.

- As reported herein, Part C expenses exceeded Part C revenues by roughly $1.6 million in FY 2025. When submitting their FY 2026 initial budgets, 10 local systems reported a projected deficit of approximately $3.61 million.

    - Because of the fiscal stressors described within this report, at least two local lead agencies have had internal discussions in recent months about ending their role with Part C early intervention.

    - Some LLAs have eliminated service coordinator and/or service provider positions and increased caseloads. While solving short-term budget shortfalls, these steps will ultimately result in infants, toddlers and families waiting for critical services and early intervention service coordinators and providers leaving the field due to burnout.

- The need to provide cost-of-living adjustments and/or performance increases for staff salaries has been cited by multiple LLAs 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.

- There has been no increase in federal Part C funding for early intervention for the past two years, and the same level-funding approach is expected for FY 2026.

- 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.

  - 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 fully cover the cost of providing services and does not completely close the gap in overall funding for early intervention. This was the first rate increase since the early intervention rates were established with DMAS in 2009. As noted previously in this report, expenditures exceeded revenue by about $1.6 million in FY 2025, and local systems have reported anticipated budget shortfalls of $3.6 million for FY2026. 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 consistently report significantly more administrative time must be invested 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.

- 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 2025 annual compliance indicator measurement and verification process—during which Part C compliance indicators are measured for all 40 LLAs—21 LLAs were found to be out of compliance with federally-mandated timelines that ensure eligible infants, toddlers and their families receive early intervention services quickly. Although most LLAs have been able to subsequently demonstrate correction of noncompliance, many of these local systems (and others) will likely cycle in and out of compliance with federally required timelines due to a lack of providers and/or funding needed to serve all children being referred and found eligible for early intervention services. Failure to meet timelines puts Virginia's ability to receive federal funding at risk; it also puts infants and toddlers at risk of further developmental delays and leaves families waiting for the support they need to help their children develop and learn.

- Staff vacancies resulting from personnel shortages were the reason that some local systems did not have a budget deficit in FY 2025.

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 communicate with DMAS on costs of services. Currently, there is no funding or directive to conduct a new rate study or update the 2009 rate study to assess rates; 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 contributes to 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 herein, the funding provided by the General Assembly allowed local Part C early intervention systems to provide a wide variety of needed supports and services to 23,429 eligible infants, toddlers and their families during FY 2025. Allocated funding also touched the lives of others who, upon referral to the Part C early intervention system, received evaluations for eligibility and assessments for service planning without further pursuing early intervention supports and services. As Virginia continues to focus on locating and serving all eligible children and families, attracting and retaining qualified professionals from many in-demand specialties, and ensuring compliance with federal and state Part C requirements, state Part C funding is *essential* to ensure the Commonwealth can achieve a more fiscally stable and sustainable early intervention system that supports positive outcomes for its youngest citizens with developmental delays or disabilities.

Appendix

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

Local System	Locales
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
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

Table 6 – Appendix A: Local System Names and Included Localities