



# FUNDING LIES

AN INVESTIGATION INTO  
LOUISIANA'S ALTERNATIVES TO ABORTION INITIATIVE

# CONTENTS

---

3 INTRODUCTION

---

4 LOUISIANA'S ALTERNATIVES TO ABORTION INITIATIVE: HISTORY AND FUNDING

---

5 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

---

6 WHAT ARE CRISIS PREGNANCY CENTERS

---

8 COST AND IMPACT

---

13 ALTERNATIVE TO ABORTION INITIATIVE SUBCONTRACTORS

---

CARING TO LOVE MINISTRIES

FAMILY VALUES RESOURCE INSTITUTE

---

20 WASTEFUL BUDGETS

---

22 CONCLUSION

---

23 RECOMMENDATIONS

---

24 REFERENCES AND APPENDICES



# INTRODUCTION

This report outlines the development and public funding of Louisiana's Alternatives to Abortion Initiative, administered by the Louisiana Department of Children and Family Services (DCFS), which diverts public dollars away from families in need and into this program.

Each year, Louisiana funnels more than a million taxpayer dollars to anti-abortion pregnancy centers that do not directly provide medical services. Rather, these centers push inaccurate medical information and religious content using tax dollars. There is no oversight of this program, no accountability for the contractors and subcontractors, and no reporting that indicates this program is meeting the goals of the state or federal programs that are providing the funding. Since 2011, Louisiana has awarded at least \$11,324,953 in grants through this program.

Through public records requests, Lift Louisiana received contracts and financial reports submitted to DCFS from July 2017 to June 2018 as well as information about the amount of funding contractors and subcontractors have received from 2011-2018. [1].



# LOUISIANA'S ALTERNATIVES TO ABORTION INITIATIVE

## A HISTORY AND FUNDING

Louisiana's Alternatives to Abortion Initiative (AAI) was established to provide a system of pregnancy and parenting support to low-income women who are pregnant or think they may be pregnant, their male partners, and/or pregnant minors whose family income is at or below 200 percent of the federal poverty level. Undocumented immigrants are not eligible for services in this initiative. Louisiana first began allocating state funds to this program in 2003 to the tune of \$1.5 million.[2].

According to the Louisiana Department of Children and Family Services' (DCFS) request for proposals (RFP), the program primarily provides information and counseling that promotes healthy childbirth and assists pregnant women in their decision regarding adoption or parenting. Other support includes information, education, and referrals for outside services for the needs of the women and newborn. The information and education provided can include topics regarding prenatal care, childbirth, adoption, parenting, and the use of abstinence to avoid unplanned and out-of-wedlock pregnancies. Since at least 2016, \$1,260,000 in Temporary Assistance for Needy Families (TANF) funds are annually allocated for this initiative.[3,4].

**DCFS's stated goals and objectives for the Alternatives to Abortion program are to provide core services that promote[5]:**

- **Healthy Childbirth**
- **Full-term pregnancy**
- **Decision making regarding adoption or parenting**
- **Abstinence**

It's worth noting that, although AAI uses TANF funds, it does not provide any services to people after a child is born. The RFP states "All of the program services shall be provided free to women from the moment they think they may be pregnant through childbirth." Referrals from Alternatives to Abortion providers after childbirth should be to other appropriate service providers.[6].

From 2017 to 2020, DCFS's AAI reported distributing funds to two organizations, Caring to Love Ministries (CTLM) and Family Values Resource Institute, Inc. (FVRI), which in turn subcontracted with 19 anti-abortion pregnancy centers, or crisis pregnancy centers, to provide the services. Numerous national reports and investigations have shown these centers pose as legitimate medical facilities offering free pregnancy testing and ultrasounds, but their primary function is to dissuade people from seeking abortion, often by providing them with false information.[7,8].

## TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

Temporary Assistance for Needy Families (TANF) block grants are federally funded dollars administered through state-run programs intended to directly support a state's most vulnerable families.[9].

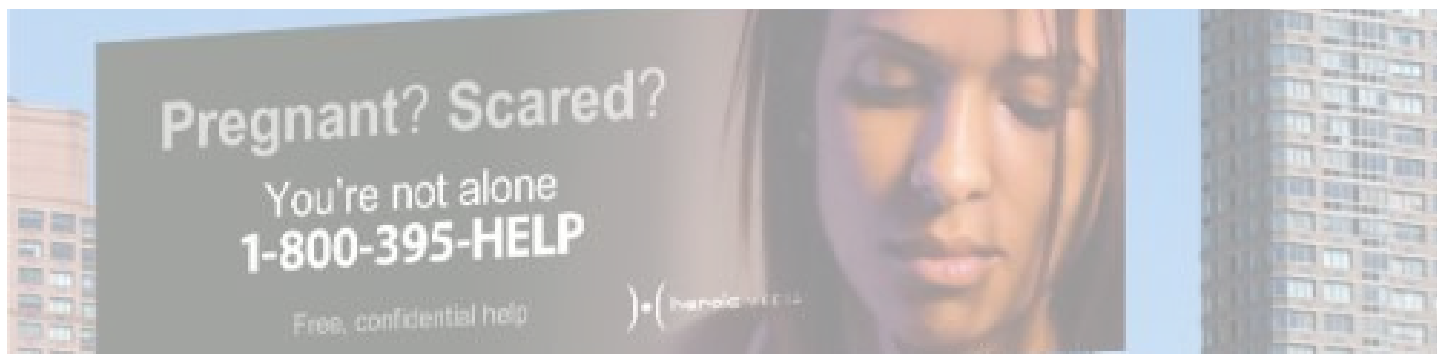
TANF dollars, aka welfare funds, are supposed to give direct assistance to help struggling families with children pay for essential needs, including rent, food, and childcare. Since 1996, states have received a fixed amount of money from the federal government to run their welfare programs, allowing them to shift funding away from cash assistance toward programs that serve other stated goals of the program.

**TANF is supposed to fulfill at least one of four purposes:**

- 1. providing assistance to needy families;**
- 2. promoting job preparation and work;**
- 3. preventing and reducing out-of-wedlock pregnancies; or**
- 4. encouraging marriage and two-parent families.**

The AAI program requires agencies receiving funding to address the TANF goals one and four, which, according to DCFS, are "to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives and to encourage the formation and maintenance of two-parent families." [10]. TANF grantees are required to meet at least two of the four purposes. Considering that AAI provides no assistance to these "needy families" after childbirth, it is questionable whether the AAI program satisfies TANF goals one *or* four.

According to a report by the Louisiana Budget Project, in 2015, Louisiana spent only 11 percent of welfare dollars toward the "core" goals of the welfare law - cash assistance, child care subsidies and programs that help families join the work force. The vast majority of state spending is on other services, including the Abortion Alternatives Initiative.





# WHAT ARE CRISIS PREGNANCY CENTERS?

Crisis Pregnancy Centers (CPCs) disguise themselves as women's health care facilities, but they exist mainly to keep pregnant people from accessing abortion services and offer only limited and often medically inaccurate services.[11]

They often bill themselves as "pregnancy resource centers" and provide some services related to pregnancy and parenting, but they are not medical clinics or comprehensive pregnancy resource centers, do not promote the full range of reproductive health care options, and are not listed in any state database of reproductive health care or family planning providers. In order to appear as though they are legitimate medical clinics, CPCs will often be located near comprehensive health clinics or in medical buildings.[12,13]

Women who seek care at crisis pregnancy centers are disproportionately young, under educated, low-income, or living in poverty. [14]. These same populations also have the highest rates of unintended pregnancies. [15]. By locating themselves near clinics that provide comprehensive information and services, CPCs purposefully try to confuse patients seeking family planning or abortion care into mistakenly entering their clinics.

Nationally and in Louisiana, CPCs are notorious for spreading inaccurate information about abortion, including that abortion leads to an increased risk of breast cancer and causes emotional or psychological trauma and infertility, none of which are supported by medical research.[16]. They also peddle misinformation about contraception to discourage people from taking steps to prevent unintended pregnancy, which is counterproductive to TANF's purpose of preventing and reducing out-of-wedlock pregnancies.

Many CPCs are religiously affiliated and make prayer or proselytization a key part of their services, despite the fact that many centers receive federal and state funding and are thus prohibited from including religion as part of service provision.



*The Pregnancy Problem Center began 37 years ago in Baton Rouge as a resource for women facing unplanned crisis pregnancies.*

*At the Pregnancy Problem Center, we believe that God is the author of life and that abortion is never the answer to an unplanned crisis pregnancy. We are dedicated to giving compassionate, practical assistance to women experiencing unplanned pregnancies, therefore, we offer alternatives to abortion. For those women who are not married, we encourage abstinence.*

Despite the millions of tax dollars invested in CPCs, it is unclear whether they are achieving their goal of preventing abortions. A 2018 study conducted in Louisiana, found that "over three-quarters of those who had visited a CPC were already planning to continue their pregnancy and parent when they visited a CPC and were seeking pregnancy tests, emotional support, or material goods." [17]. Nonetheless, this funding is propping up a network of unlicensed, unregulated centers that operate with little or no oversight, stigmatize abortion, and shame people facing unplanned pregnancies.

# 19

*Crisis Pregnancy Centers have received funding through the Alternatives to Abortion Initiative*

*There are approximately another 16 CPCs operating in the state.*

# \$11.3 MILLION

*has been awarded to crisis pregnancy centers through this program since 2011.*

# COSTS AND IMPACT

DCFS reimburses Caring to Love Ministries (CTLM) and Family Values Resource Institute, Inc. (FVRI) for administrative costs and direct client services provided by its subcontractors. However, the reimbursement rates for direct services are not the same for both agencies and DCFS provides no explanation for how reimbursement rates are determined.

FVRI reimburses CPCs based on a total number of services provided, regardless of the type of service (Table 1). CPCs can therefore be reimbursed \$1,200 for providing a single, self-administered pregnancy test in a month. This has in fact been the case for several of the CPCs subcontractors with FVRI. For example, in September 2017, Women's New Life Center in Baton Rouge was reimbursed \$1,200 for providing only pregnancy tests to only two clients and abortion prevention education to one client. [18].

For the same services, CTLM would have only received \$50 because they are reimbursed a fixed amount for each of the services they provide (Table 2).

**TABLE 1. FAMILY VALUES RESOURCE INSTITUTE SERVICES REIMBURSEMENT RATES**

| Total Monthly Points |             |
|----------------------|-------------|
| 1 - 149              | \$ 1,200.00 |
| 150 - 299            | \$ 2,200.00 |
| 300+                 | \$ 3,200.00 |

**TABLE 2. CARING TO LOVE MINISTRIES SERVICES REIMBURSEMENT RATES**

| Type of Service          | Cost per Unit |
|--------------------------|---------------|
| Intake Apps              | \$10          |
| (+) Pregnancy Tests      | \$10          |
| (-) Pregnancy Tests      | \$10          |
| Abstinence Education     | \$30          |
| Counseling               | \$40          |
| Referral                 | \$10          |
| Health Risks Assessments | \$30          |
| Care Plan                | \$30          |
| Monitoring               | \$30          |
| Family Support           | \$40          |
| Home Outreach            | \$75          |
| Birth Outcomes           | \$40          |





# IMPACT

## Lack of Healthcare Services

The vast majority of services that CPCs provide are pregnancy tests, counseling, and referrals, but they do not provide medical services. At most of these sites, clients read their own self-administered pregnancy tests (i.e. the same ones sold in drugstores). No sites provide contraception or prenatal care and only four of these providers are Medicaid Application Sites. According to the CPCs' websites, only four sites mention they have trained medical staff and only two provide STI testing.

While some sites advertise free ultrasounds, they do not disclose that the ultrasounds they offer are non-diagnostic and limited in scope. In at least one case, Cenla Pregnancy Center staff reported attending a limited ultrasound training by Forget Me Not Ultrasound, LLC.<sup>[19]</sup> This company's website boasts that they are Approved Ultrasound Trainers for Heartbeat International and Care Net, two of the largest networks of CPCs in the United States.

Additionally, most wellness services appear to be only offered to clients through referrals to outside service providers.

## False or Deceptive Medical Information

An analysis of public information, materials, and websites provided by subcontracted Louisiana CPCs revealed that they frequently give deceptive information to pregnant people. Additionally, several CPCs include false claims that abortion and birth control can cause depression, future infertility, breast cancer, and suicidal thoughts. Contrary to these claims, first-trimester abortions pose virtually no long-term risks for such problems as infertility, ectopic pregnancy, miscarriage, or birth defects.<sup>[20]</sup>



## False or Deceptive Medical Information (Continued)

The knowforsure.me website, funded and maintained by this program, includes the following false information:

- Chemical methods [of birth control] provide no protection against STDs and can actually increase your risk of getting an STD by making your reproductive tract more vulnerable to infection.
- Levonorgestrel [Plan B] is classified as “possibly carcinogenic to humans.” It has been shown to increase risk of cancer in animals.

The misinformation about Plan B cites the World Health Organization (WHO) as its source. However, the WHO has published several articles calling this claim false and has produced a [fact sheet](#) attesting to this type of emergency contraception.[21].

Three other Louisiana CPCs that receive funding from this program also include misleading information on their websites about emergency contraception, including a link on [Women’s Center of Lafayette’s webpage](#) that claims emergency contraception “kills your baby.”

[Restoration Pregnancy Center’s website](#) states “The risk of breast cancer is 50% higher for women who have had an abortion than those who have been pregnant and have not had an abortion.” Care Pregnancy Clinic, which operates eight CPCs in Louisiana, states on its [website](#) that “Studies show that abortion increases a woman’s risk of breast cancer.”

This myth about the increased risk of breast cancer for women who’ve had abortions has been debunked by study after study and by the American Cancer Society, the [US National Cancer Institute](#), and the [American College of Obstetricians and Gynecologists](#).[22].

Moreover, 47% of the CPC websites investigated in Louisiana asserted that women who have had an abortion report emotional and/or psychological trauma or experience “post-abortion stress.” The American Psychological Association’s report on mental health and abortion found no greater risk to mental health than carrying a pregnancy to term.[23]. False information, as well as abortion stigma reinforced by CPCs, may convince people that abortion is a greater health risk than continuing a pregnancy, even though the risk of death from childbirth is approximately 14 times that of abortion.[24]. This inaccurate medical information could influence a woman’s decision about whether to terminate an unintended pregnancy, and is in direct conflict with medical ethics and practice.[25].

# ABORTION PILL REVERSAL LIE

Information promoting the unsafe and unproven abortion pill reversal technique

Several AAI funded CPC providers promote a false and dangerous claim that medication abortion can be reversed by administering large amounts of progesterone. Research does not support claims that a medical abortion can be reversed, and the FDA has not approved this untested and unproven abortion pill reversal treatment.

In 2016, the Louisiana Department of Health studied whether the effects of an abortion induced with drugs or chemicals can be reversed, as requested by the Louisiana Legislature [26].

A panel of experts unanimously agreed that there is insufficient evidence to suggest that there is a sound method to reverse a medication-induced abortion. Additionally, the panel expressed great concerns about the experimental nature of using progesterone treatment after taking mifepristone. In 2019, researchers from the University of California, Davis had to halt a study into the efficacy of progesterone in preventing an abortion once mifepristone has been taken due to safety concerns after 25 percent of the studies' participants experienced significant hemorrhaging and were hospitalized. The American Medical Society and the American College of Obstetrics and Gynecology have also stated "there is no credible, medical evidence that proves that any treatment 'reverses' the effects of mifepristone." [27].

**KNOW FOR SURE** HOME HEALTH INFO MEDICAL SERVICES WHO WE ARE APPOINTMENTS

## If you have only taken the first dose of the abortion pill...



If you have only taken the first dose of the abortion pill within 48 to 60 hours please... talk with one of our nurses who can guide you towards reversing the effects of the abortion pill. It's the right thing to do... and we will help you every step of the way. Call us now.

CALL OUR 24/7 HOTLINE

## FUNDING LIES



Women's New Life Center built their new facility right next door to Planned Parenthood in New Orleans



## NO OVERSIGHT FROM DCFS

DCFS does not require the subcontractors in this program to serve a minimum number of patients or to provide a minimum level of services. Rather, DCFS allows contractors to self-monitor subcontractors.

According to DCFS's RFP:

*The Contractor will be required to report monthly performance data via a monitoring tool established by the Department of Children and Family Services.*

The agencies that receive contracts to administer this program are required to oversee contract management to ensure their subcontractor crisis pregnancy centers are compliant with program requirements. From 2017-2018, DCFS reimbursed CTLM \$13,500.00 for a performance coordinator and \$22,050 for compliance consultants. During the same period, DCFS reimbursed Family Values Resource Institute (FVRI) \$10,800 for a performance coordinator.

DCFS did not provide Lift Louisiana with any of these performance data reports as requested and as required under Louisiana Public Records Law, R.S. § 44:1 and the Freedom of Information Act.[28].

# ALTERNATIVE TO ABORTION INITIATIVE SUBCONTRACTORS

## CARING TO LOVE MINISTRIES (CTLM)

Caring to Love Ministries (CTLM) is a “life-affirming, faith-based nonprofit organization” established in 1983. The organization originated to assist and educate teens on various life-changing issues. CTLM is the same entity, sharing a tax ID number and address, as Care Pregnancy Clinic, a subcontractor in the AAI program administered by the CTLM. CTLM created the Life Choice Project (LCP) in 2002 to promote early prenatal care for healthy pregnancy and full-term birth outcomes. CTLM claims their services are designed to be non-faith-based, even though they are obviously a faith-based organization.



Caring to Love Ministries has been awarded **\$7,486,182** from the Alternatives to Abortion Initiative between 2011 and 2020.

The LCP targets low-income, TANF eligible pregnant women; women who think they are pregnant; their partners; pregnant minors; and their families. Specific emphasis is placed on pregnant women between the ages of 18 to 29 years and those who are most often unmarried.

According to CTLM’s AAI contract[29]:

*LCP offers a comprehensive array of prenatal care services through a partnership between life-affirming pregnancy resource centers/clinics; and faith- and community-based organizations collaboratively working to provide information, resources, and services to support pregnant women most vulnerable to poor birth outcomes.*

*LCP primarily provides information and counseling that promotes healthy childbirth and assist pregnant women in their decision regarding adoption or parenting, and includes information, education, and referrals for other services for the needs of the women and newborn. The information and education provided include topics regarding prenatal care, childbirth, adoption, parenting, and the use of abstinence to avoid unplanned and out-of-wedlock pregnancies.*



# CTLM SUBCONTRACTORS

CTLM sub-contracts with “life-affirming” service providers that promote parenting and adoption. All of these providers are crisis pregnancy centers that do not offer prenatal care or any FDA approved contraceptives. This network of CPC subcontractors is supposed to offer interventions of service delivery along with a public education and awareness campaign.

From 2017-2018, 38 percent of funding was directed toward intake applications, pregnancy testing (self-administered), abstinence education, and counseling while only 12 percent of billing for client services under the program was attributed to referrals to other service providers. There are no guidelines governing what subcontractors paid through the AAI program must cover when they are “counseling” their clients, and CTLM does not provide this information in their contract.[see Figure 1]

Family Support includes **prenatal classes and parenting classes**. Some of the CPCs provide diapers and formula to clients, but only if they participate in the parenting education classes that are offered.

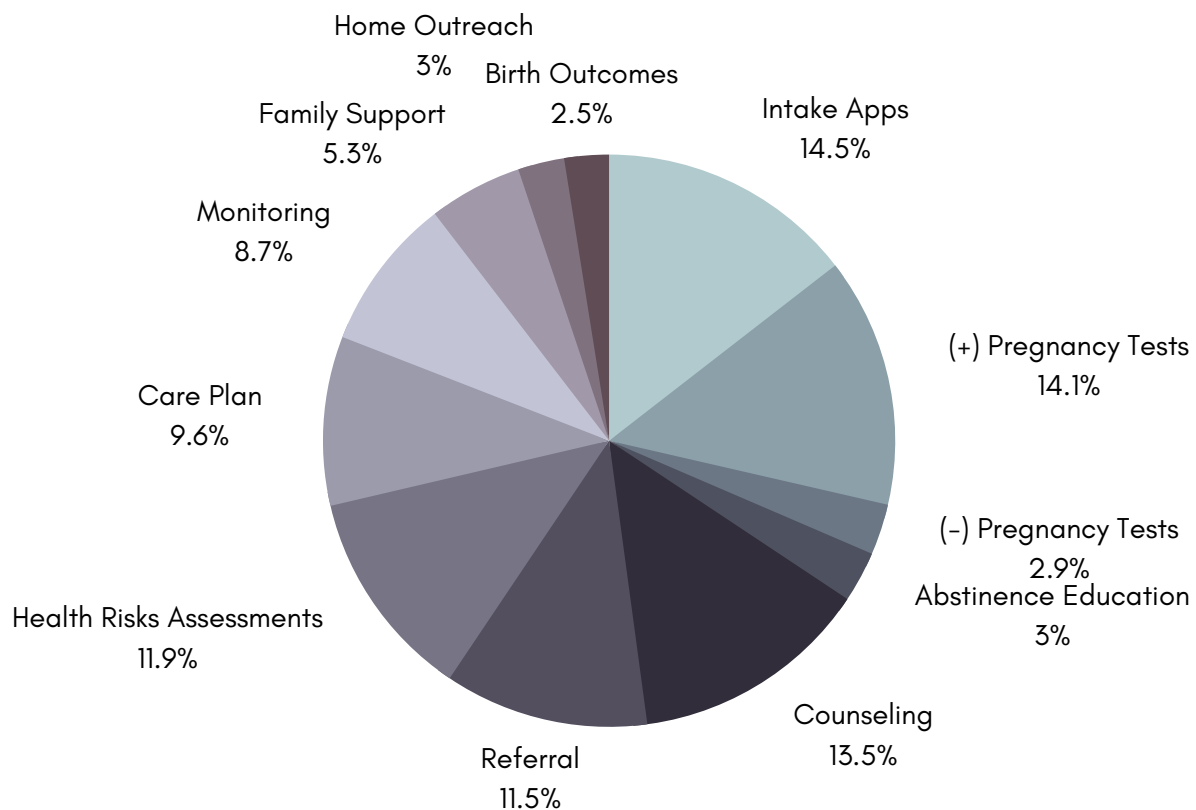


Figure 1. Total Services Provided by CTLM Subcontractors

**Care Plan and Monitoring** aims to connect pregnant and parenting women and families to the services they need. Service providers are supposed to monitor the care plan to determine what services are being delivered and whether they are delivered as scheduled.



# CTLM SUBCONTRACTORS

CTLM's contract states the proposed outcomes of this care plan and monitoring program are:

- *Improved health and well-being of women experiencing unplanned pregnancy*
- *Increased number of healthy full-term unplanned pregnancies*

However, only ten percent of the funding supports monitoring, and just four percent supports birth outcome confirmation.

**Home Outreach** is limited to two visits: the initial prenatal visit and the birth outcome visit to "confirm delivery and birth outcomes; initiate case closure, and to transition the new parent(s) to other supportive services based on availability."

## **Public Information and Awareness Campaign**

CTLM allocates a significant amount of its TANF funds to promoting CPCs through marketing. These strategies include social media, websites, printed materials (i.e., brochures, flyers, and direct mail), radio advertisements, billboards, and a toll-free helpline available 24/7 to direct people toward CPCs.

According to CTLM's contract:

*The Radio commercials target crisis-vulnerable pregnant women using a professional media production featuring actors representing the target populations of adolescents, young women, and 30+ women of various ethnic groups who may be pregnant. The radio spots and PSAs will target young pregnant women and pregnant minors.*

From July 2017-June 2018, CTLM used **\$34,176 in TANF funds** on public relations, advertising, and website maintenance for knowforsure.me, AChoice.org, and LifeChange.org, which promotes Christianity.

## **Data Management and Reporting**

CTLM developed an electronic database management system to standardize the process for gathering and collecting relevant program data from each of the partner service provider sites. The information captured by this system focuses only on quantity of services provided not quality.

CTLM's stated outcomes to be achieved by this program are

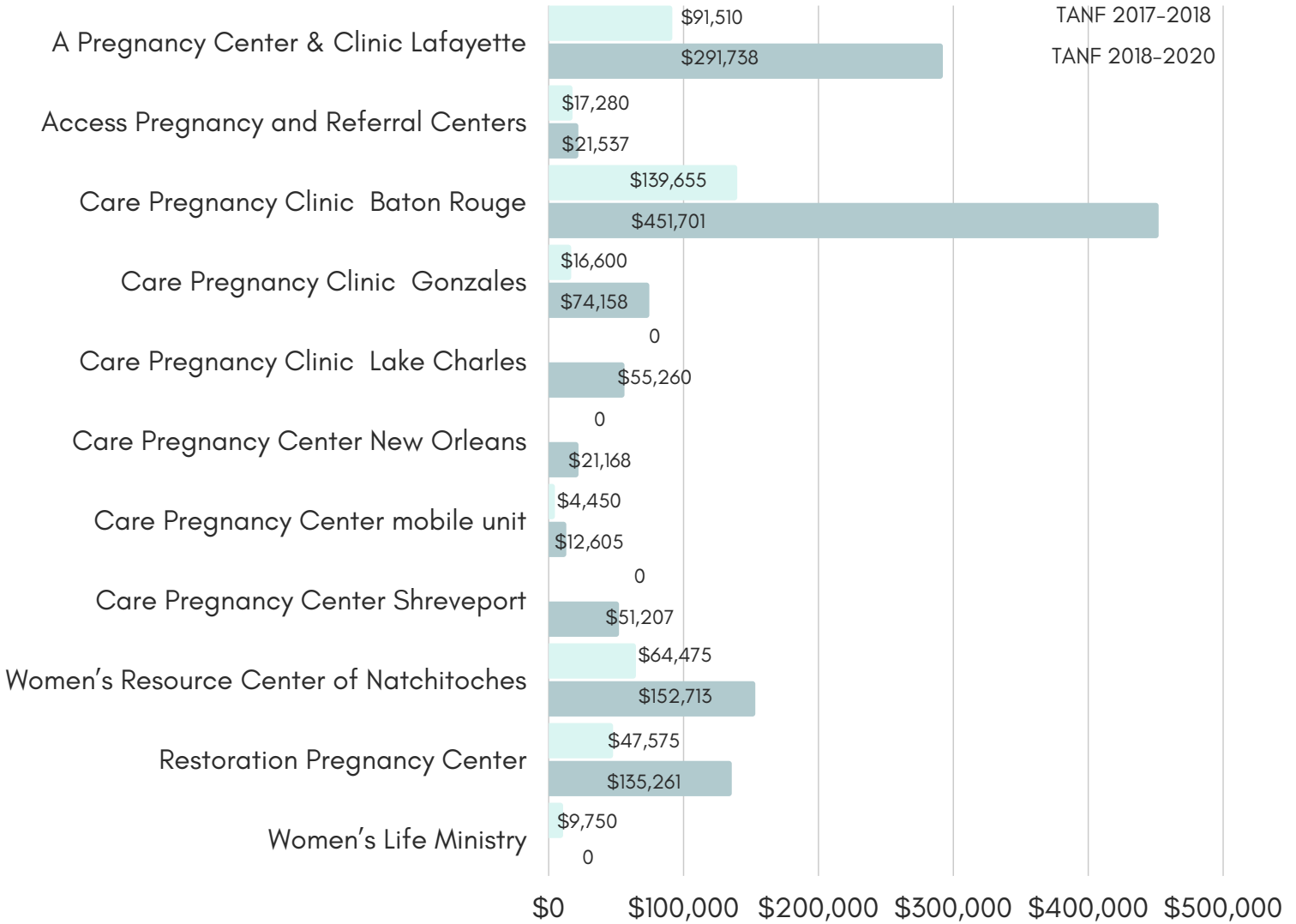
- Improved health and well-being of women experiencing unplanned pregnancy
- Increased number of healthy full-term unplanned pregnancies

None of the evaluation metrics measure the health and well-being of women. The only measurement is the number of births and number of people served through the available programs. Beyond the number of births, DCFS does not require the contractors to report any information about birth outcomes even though one of the program's stated goals is to provide core services for healthy childbirth. Without this information, DCFS cannot measure the impact the program is having or whether the program is achieving the stated goals.

# CTLM SUBCONTRACTORS

Caring to Love Ministries (CTLM) was allocated a total of \$339,505 from July 1, 2017 through June 31, 2018 and \$678,501 from July 1, 2018 through September 30, 2020 for administration of the AAI program.

**CTLM subcontractors listed below were allocated the following for client services:[30]**



**\$339,505**

Caring to Love Ministries (CTLM) TANF funds 2017-2018

**\$678,501**

Caring to Love Ministries (CTLM) TANF funds 2018-2020

# ALTERNATIVE TO ABORTION INITIATIVE SUBCONTRACTORS

## FAMILY VALUES RESOURCE INSTITUTE

Family Values Resource Institute (FVRI), formed in 1998, is a 501(c)3 nonprofit organization that administers the Louisiana Alliance for Life (LAFL) program to provide services through a network of eight crisis pregnancy centers including a mobile unit, which is provided through a partnership with the Louisiana Baptist Children's Home. In 2005, FVRI started the Women's Help Center, a subcontractor CPC in the AAI program administered by the FVRI.

According to FVRI's AAI contract<sup>[31]</sup>, LAFL's goals are:

- *To strengthen the network of qualified organizations to provide Alternatives to Abortion services to TANF eligible women, experiencing a crisis pregnancy or women who think they may be pregnant*
- *To increase the capacity of subcontractors as a "one-stop" agency that will provide access to an array of core services. This includes pregnancy tests, informational or counseling sessions on adoption and abstinence, referrals, and prenatal care visits to 80 percent of the pregnant clients.*
- *To implement a parenting program that includes providing parenting and prenatal classes to 50 percent of the pregnant clients.*
- *To provide counseling and education services to the male partners of 50 percent of the pregnant clients.*



Family Values Resource Institute has been awarded **\$3,838,771** from the Alternatives to Abortion Initiative between 2013 and 2020.

FVRI operates a 24-hour 1-800 number that is advertised online and funded by the AAI program. This hotline routes crisis calls to the nearest crisis pregnancy center in LAFL's network.

Reviewing the cost reimbursement requests and invoices provided to DCFS, only three sites are providing prenatal classes. Pregnancy testing, education, and referrals account for most of the services provided by FVRI sites. As is the case with CTLM, the FVRI contract provides no information about what is included in the counseling and education services provided.

# FVRI SUBCONTRACTORS

FVRI does not report any evaluation metrics to measure the health and well-being of women. Instead, they are only measuring the number of people receiving services, the number of people that decided to carry a pregnancy to term, and the number of births.

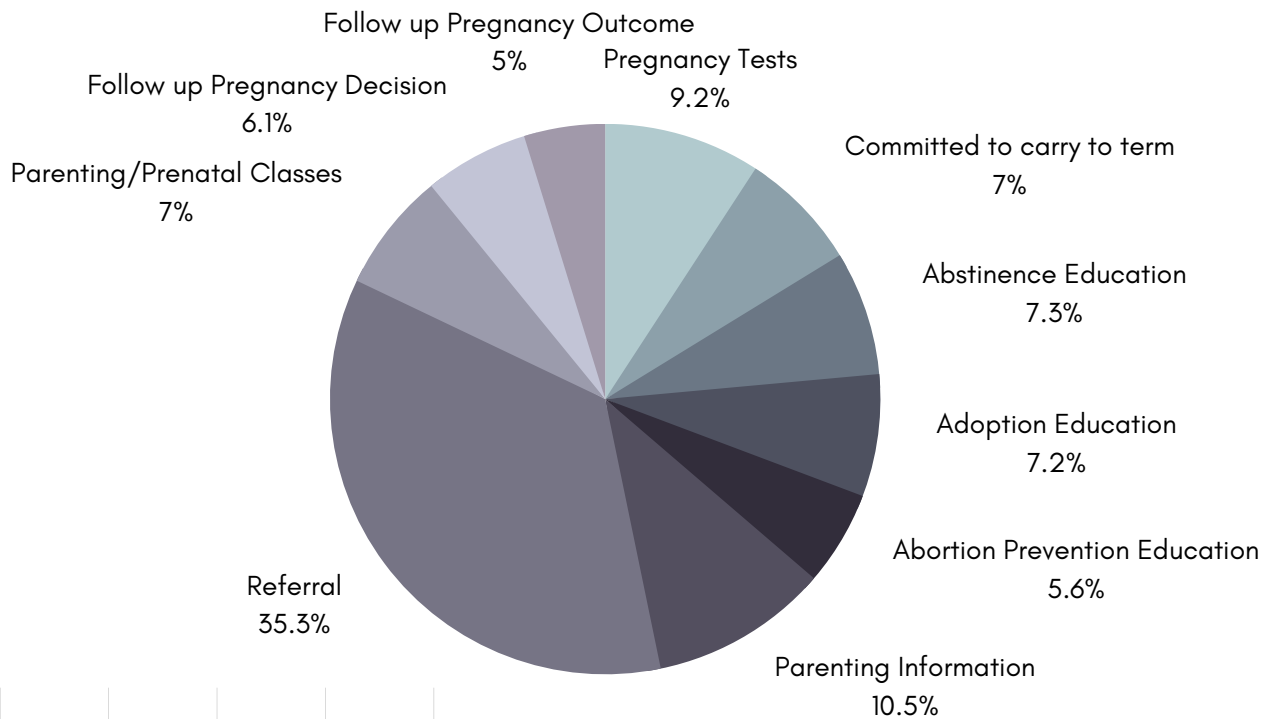


Figure 2. Total Services Provided by FVRI Subcontractors

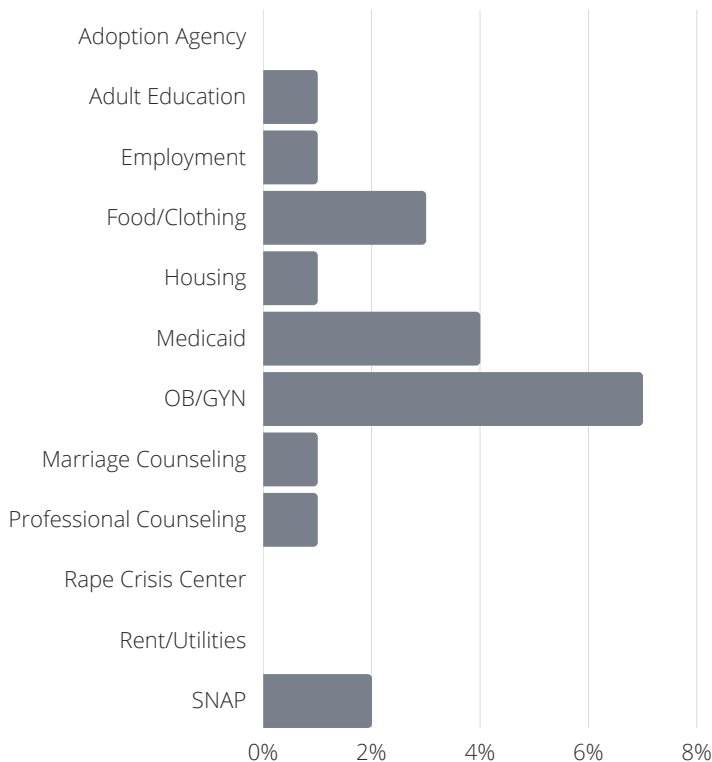


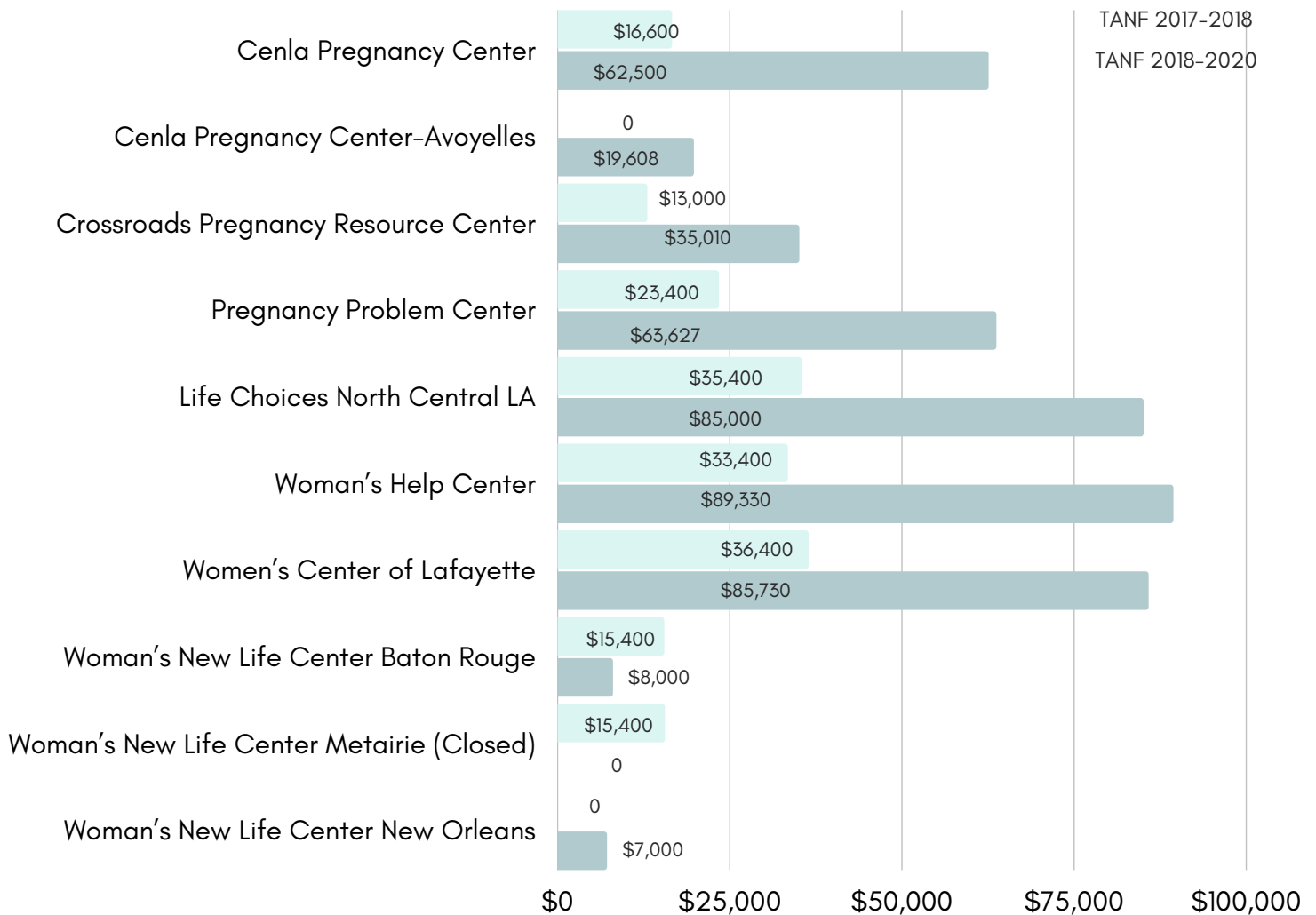
Figure 3. Service Referrals to FVRI Clients

Most of the funding through AAI to FVRI CPCs is reimbursement for referring clients to outside agencies. A [2019 survey](#) of pregnant women in Louisiana and Maryland found that the most common service needs reported were WIC (93%), food stamps (85%), dental care (59%), and housing assistance (53%). Only one percent of FVRI's funding was allocated to housing referrals, two percent for food stamps, and six percent for WIC. No referrals for dental care were reported.

# FVRI SUBCONTRACTORS

FVRI was allocated a total of \$ 340,200 from July 1, 2017 through June 31, 2018 and \$354,512 from July 1, 2018 through September 30, 2020 for administration of the AAI program. .

**FVRI subcontractors listed below were allocated the following for client services:**



**\$340,200**

Family Values Resource Institute (FVRI)  
TANF funds 2017-2018

**\$354,512**

Family Values Resource Institute (FVRI)  
TANF funds 2018-2020

Caring to Love Ministries and Family Values Resource Institute receive a majority of their revenue from funds provided through various federal, state, and private grants. During the year ending June 30, 2020, approximately 64% of CTLM’s revenues were from government grants.[32]. Government grants contributed \$416,627 to FVRI’s total revenue of \$460,601 (90%).[33]. According to that organization’s 2019 audit, FVRI received “a substantial portion of its funding through federal funding from pass-through grants from the State of Louisiana. The Organization’s continuance is highly dependent upon continued funding from these sources.”[34].

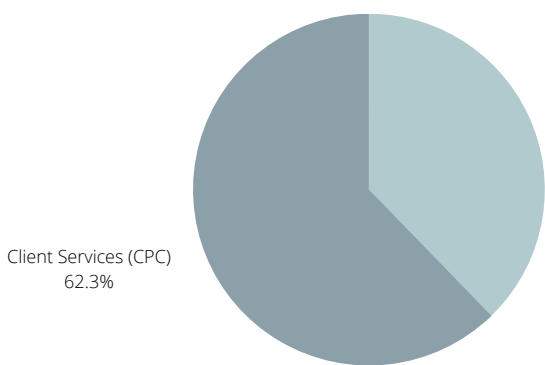
# WASTEFUL BUDGETS

**CARING TO LOVE MINISTRIES AND FAMILY VALUES RESOURCE INSTITUTE SPEND A SUBSTANTIAL PORTION OF THIS PUBLIC FUNDING ON ADMINISTRATIVE COSTS.**

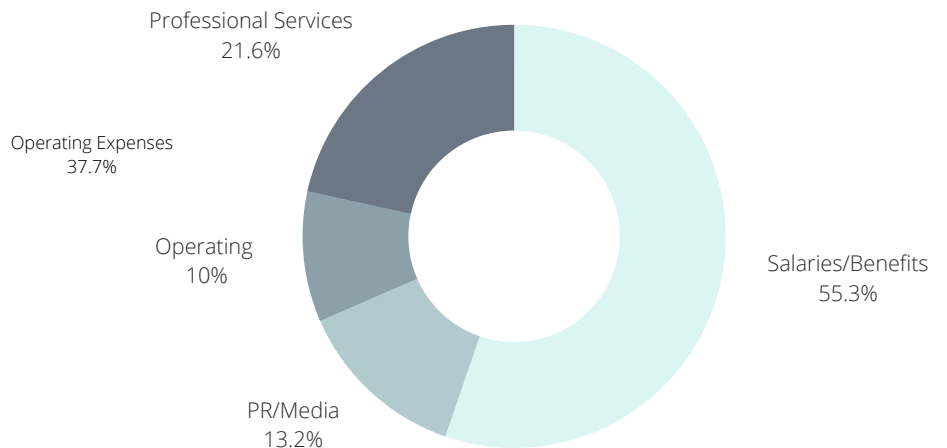
Of the \$730,800 CTLM received from the Alternative to Abortion Program from July 2017-June 2018, 38% was allocated to operating costs and overhead. This includes \$143,271 for salaries and benefits and \$34,176 for PR and media.

## CARING TO LOVE MINISTRIES

Allocation of TANF Funds



Allocation of Operating Expenses





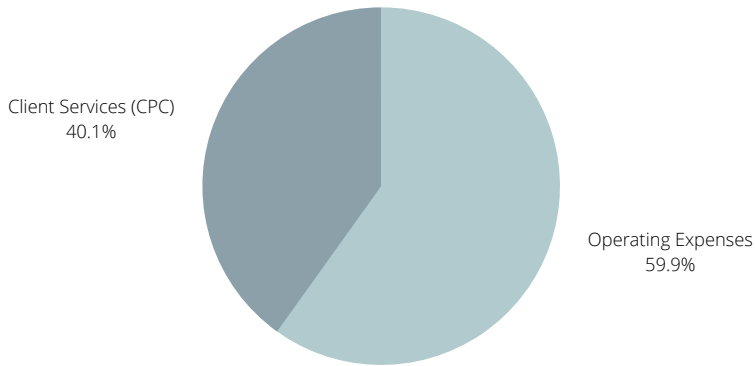
# WASTEFUL BUDGETS

Family Values Resource Institute received \$529,200 from the Alternative to Abortion Program from July 2017-June 2018 and allocated nearly 60% to operating costs and overhead. This includes \$187,287 for salaries and benefits, \$11,600 for PR and media, and \$9,240.55 for janitorial services and lawn care.

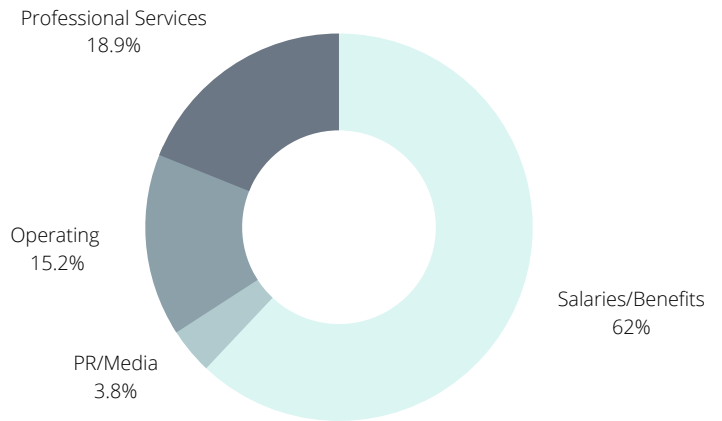


## FAMILY VALUES RESOURCE INSTITUTE

Allocation of TANF Funds



Allocation of Operating Expenses



According to the DCFS's Alternatives to Abortion Initiative RFP, administrative costs for TANF-funded services should be no more than 10 percent of an entity's total allocation for the service. Both of these agencies are dramatically exceeding this amount in operating costs and overhead.

# CONCLUSION

The women who visit crisis pregnancy centers to obtain free pregnancy tests or seek abortions need accurate medical information and comprehensive reproductive health care. However, the Alternatives to Abortion Initiative funds centers that often provide inaccurate information that may delay or interfere with women's access to abortion, prenatal care, and contraceptive services, or improperly influence women's reproductive health decisions and potentially increase the number of unintended births. CPCs do not comply with basic medical ethics and deny pregnant people the right to make a truly informed decision, as well as deny their right to bodily autonomy and self-determination.

Clinics that offer pregnancy tests are well positioned to provide information about contraception and STI prevention to their sexually active clients. However, none of the crisis pregnancy centers funded through this program provide contraception and only two provide STI testing. By using deceptive practices to attract clients and then failing to provide medically accurate information, contraceptives, or comprehensive reproductive and prenatal care, the AAI program is failing to meet the goals of the TANF program. The AAI program is wasteful and has been allowed to operate with very little transparency and no legislative oversight for more than a decade.

Struggling families who seek assistance via TANF programs to make ends meet need legitimate services and support. Taxpayers need accountability. Pregnant people need nonjudgmental, unbiased, and medically accurate reproductive health information. Time and time again, the Alternatives to Abortion Initiative falls short of the care the taxpayer funded agencies claim to offer.

# RECOMMENDATIONS

Crisis pregnancy centers that receive public funding should be required to disclose that they do not offer or provide referrals for abortion or contraceptive services and, if applicable, that they do not have licensed, medical staff on-site.



The Louisiana Legislature should provide more oversight of this program and require an annual audit; the result of which must be made available to the public.



Louisiana should prohibit public money from flowing to any organization that knowingly spreads false information about contraception or abortion, including that it raises the risk of developing breast cancer, that it raises the risk of infertility, that it raises the risk of negative emotional or mental health problems, or that abortion is more dangerous than the average medical procedure.



Louisiana should direct more TANF funds toward cash investments and other forms of financial assistance for families, such as childcare assistance, early childhood education, transportation vouchers, housing supplements, and non-recurrent short-term benefits for family emergencies.

# REFERENCES

1. Lift Louisiana requested financial reporting information from 2019-2020 in June 2021 but had not received that information from DCFS at the time of publication.
2. Southern states funnel public money to fake abortion clinics, July 17, 2019. Available at: <https://www.facingsouth.org/2019/07/southern-states-funnel-public-money-fake-abortion-clinics>
3. Louisiana Department of Children and Family Services, Request for Proposals for Alternatives to Abortion Initiative, August 5, 2016. Available at: [http://www.dcf.louisiana.gov/assets/docs/searchable/ManagementFinance/RFP2016/201607\\_ATARFPSFY17.pdf](http://www.dcf.louisiana.gov/assets/docs/searchable/ManagementFinance/RFP2016/201607_ATARFPSFY17.pdf)
4. DCFS Responses to Written Inquiries on the Alternative to Abortion Initiative RFP. Received from DCFS on January 4, 2018. See Appendix B
5. Louisiana Department of Children and Family Services, Request for Proposals for Alternatives to Abortion Initiative, August 5, 2016. Available at: [http://www.dcf.louisiana.gov/assets/docs/searchable/ManagementFinance/RFP2016/201607\\_ATARFPSFY17.pdf](http://www.dcf.louisiana.gov/assets/docs/searchable/ManagementFinance/RFP2016/201607_ATARFPSFY17.pdf)
6. DCFS Responses to Written Inquiries on the Alternative to Abortion Initiative RFP. Received from DCFS on January 4, 2018. See Appendix B
7. Rosen, J. The Public Health Risks of Crisis Pregnancy Centers, September 10, 2012. DOI: <https://doi.org/10.1363/4420112>
8. AMA J Ethics. 2018;20(3):269-277. DOI: [10.1001/journalofethics.2018.20.3.pfor1-1803](https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803).
9. Prior to 1996, TANF was called Aid to Families with Dependent Children, and popularly referred to as welfare.
10. Louisiana Department of Children and Family Services, Request for Proposals for Alternatives to Abortion Initiative, September 16, 2019. See Appendix A
11. Bryant AG, Narasimhan S, Bryant-Comstock K, Levi EE. Crisis pregnancy center websites: Information, misinformation and disinformation. *Contraception*. 2014 Dec;90(6):601-5. doi: [10.1016/j.contraception.2014.07.003](https://doi.org/10.1016/j.contraception.2014.07.003). Epub 2014 Jul 12. PMID: 25091391.
12. *Id.*
13. Kimport, K. (2020). Pregnant Women's Reasons for and Experiences of Visiting Antiabortion Pregnancy Resource Centers. *Perspect Sex Repro H*, 52: 49-56. <https://doi.org/10.1363/psrh.12131>
14. Rosen, Joanne D., The Public Health Risks of Crisis Pregnancy Centers, Guttmacher Institute, 2012. DOI: <https://doi.org/10.1363/4420112>.
15. Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852, doi: [10.1056/NEJMsa1506575](https://doi.org/10.1056/NEJMsa1506575).
16. Bryant AG, Narasimhan S, Bryant-Comstock K, Levi EE. Crisis pregnancy center websites: Information, misinformation and disinformation. *Contraception*. 2014 Dec;90(6):601-5. doi: [10.1016/j.contraception.2014.07.003](https://doi.org/10.1016/j.contraception.2014.07.003). Epub 2014 Jul 12. PMID: 25091391.
17. Kimport K, Kriz R, Roberts SCM. The prevalence and impacts of crisis pregnancy center visits among a population of pregnant women. *Contraception*. 2018; 98: 69–73. <https://doi.org/10.1016/j.contraception.2018.02.016>
18. Women's New Life Center Baton Rouge Monthly Service Report. See Appendix C
19. See Cenla Pregnancy Center, Outreach Report. May 2018. Appendix D
20. National Academies of Sciences, Engineering, and Medicine. 2018. *The Safety and Quality of Abortion Care in the United States*. Washington, DC: The National Academies Press. Available at: <https://doi.org/10.17226/24950>.
21. Safety of levonorgestrel-alone emergency contraceptive pills. Available at: [https://www.who.int/reproductivehealth/publications/family\\_planning/HRP\\_RHR\\_10\\_06/en/](https://www.who.int/reproductivehealth/publications/family_planning/HRP_RHR_10_06/en/)
22. Abortion and Breast Cancer Risk. American Cancer Society. Available at: <https://www.cancer.org/cancer/cancer-causes/medical-treatments/abortion-and-breast-cancer-risk.html>
23. American Psychological Association, Task Force on Mental Health and Abortion. (2008). Report of the Task Force on Mental Health and Abortion. Washington, DC: Author. Retrieved from <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>
24. Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol*. 2012; 119: 215–219. <https://doi.org/10.1097/AOG.0b013e31823fe923>
25. American Medical Association, Code of Medical Ethics Opinion 2.1.1. Available at: <https://www.ama-assn.org/delivering-care/ethics/informed-consent>
26. House Concurrent Resolution 87 of the 2016 Regular Legislative Session was authored by representatives Hoffman, Bagley, Cox, Horton, Jackson, and Pope. The resolution requested that the Louisiana Department of Health (LDH) study whether the effects of an abortion induced with drugs or chemicals can be reversed, and report the findings and recommendations concerning this matter to the House and Senate Committees on Health and Welfare. The legislation further required that LDH convene a panel of experts in obstetrics and gynecology and pharmacology to provide guidance on this matter and to aid the department in the study. Robinson, D. and Zapata, A. Legislative Report on 2016 House Concurrent Resolution 87. Study Related to Whether the Effects of an Abortion Induced with Drugs or Chemicals Can Be Reversed. Louisiana Department of Health, Office of Public Health. Available at: <http://ldh.la.gov/assets/docs/LegisReports/HCR87RS20161.pdf>
27. *Id.*
28. The AAI program is legally mandated to comply with both federal and state public records laws.
29. Agreement Between the State of Louisiana Department of Children and Family Services And Caring To Love Ministries Inc. Reference Number: 2000381223. See Appendix E
30. See DCFS Responses to Records Requests.
31. Agreement Between the State of Louisiana Department of Children and Family Services and Family Values Resource Institute, Inc. Reference Number: 2000380638. See Appendix F
32. Financial Statements, Caring to Love Ministries, INC. June 30, 2017. Available at: [https://app.la.state.la.us/PublicReports.nsf/76843EA538D5D4838625821E00799580/\\$FILE/000174B6.pdf](https://app.la.state.la.us/PublicReports.nsf/76843EA538D5D4838625821E00799580/$FILE/000174B6.pdf)
33. Form 990 (2019) Family Values Resource Institute, Inc. Available at: [https://projects.propublica.org/nonprofits/display\\_990/721415039/03\\_2021\\_prefixes\\_61-73%2F721415039\\_201912\\_990\\_2021030217779376](https://projects.propublica.org/nonprofits/display_990/721415039/03_2021_prefixes_61-73%2F721415039_201912_990_2021030217779376)
34. Family Values Resource Institute, Inc., Financial Statements and Notes to Financial Statements and Independent Review Report for The Year Ended December 31,2019

All Appendices are available at [liftlouisiana.org/CPCReport2022](http://liftlouisiana.org/CPCReport2022)



This report was published by

**lift** **Louisiana**

2022