



FREE GUIDE

How to Choose a Behavioral Health Marketing Agency

10 questions that separate real partners from expensive mistakes — plus the red flags worth walking away from.

A buyer's guide for treatment-center operators. Use it to evaluate any agency — including ours — and to make sure your next marketing dollar fills beds instead of creating risk.

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INTRODUCTION

The wrong agency costs more than money

In most industries, a bad marketing agency just wastes budget. In behavioral health, the wrong one can also expose you to compliance risk, get your ad accounts shut down, and fill your pipeline with leads that never admit.

That's what makes hiring in this space different — and why the usual checklist (nice portfolio, confident pitch, low price) is exactly how operators get burned. The agencies that look cheapest often cost the most once you count wasted spend, empty beds, and the cleanup.

This guide gives you a real evaluation framework: what "good" looks like in behavioral health specifically, ten questions to ask in any sales call, the answers that should reassure you versus the ones that should end the conversation, and a simple scorecard to compare agencies side by side. Use it on everyone you're considering. (Yes — including us.)

SECTION 1

What "good" looks like in behavioral health

Before you take a single sales call, know the three things that actually matter in this vertical. Almost everything else is noise.

1. Accountability to admits, not leads

A great behavioral health agency is measured on **verified, paying admits and your census** — not clicks, impressions, or cheap leads. If they can't connect their work to admissions, they're guessing.

2. Compliance fluency

HIPAA, 42 CFR Part 2, BAAs and QSOAs, compliant tracking — this isn't optional knowledge in your space, it's the cost of entry. An agency without it is a liability waiting to happen.

3. The ability to keep you advertising

Behavioral health and addiction treatment face strict ad-platform rules and certification requirements (like LegitScript). Getting and **keeping** ad accounts live in this category is a specialized skill generalist agencies simply don't have.

THE SPECIALIST TEST

Ask what percentage of their clients are behavioral health. "We do healthcare and a few other verticals" is not the same as "this is all we do." Depth beats breadth here every time.

SECTION 2

The 10 questions to ask any agency

Bring these to every sales call. For each, we've included what a strong answer sounds like and the red-flag answer that should give you pause.

1. "What will our cost-per-admit be — not cost-per-lead?"

Leads are noise; admits are revenue. This is the single most revealing question you can ask.

- ✓ Strong: they explain how they measure cost-per-admit and why it's the number that matters.
 - ✗ Red flag: they only talk leads, clicks, and "traffic," or treat the question as unusual.
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2. "How do you know a lead actually became an admit?"

Real accountability means connecting marketing data to your admissions reality.

- ✓ Strong: they describe matching marketing sources to verified admissions inside a compliant boundary (often via your EHR).
 - ✗ Red flag: "the leads we send are high quality" — with no way to prove what admitted.
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3. "What is 42 CFR Part 2, and how does it affect our marketing?"

It's the federal confidentiality rule for SUD records — stricter than HIPAA.

- ✓ Strong: they can explain it plainly and how it shapes consent, tracking, and data handling.
 - ✗ Red flag: they've never heard of it. (Disqualifying for a SUD provider.)
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4. "Are standard pixels firing on our patient-facing pages?"

Leaky tracking pixels are a documented liability in healthcare.

- ✓ Strong: they audit this and use server-side, de-identified tracking inside a defined boundary.
 - ✗ Red flag: blank look, or "everyone uses the standard pixel, it's fine."
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5. "Will you sign a BAA and a QSOA?"

For SUD programs you generally need both before any data flows.

- ✓ Strong: "Of course — here's our process." They know what both are.
 - ✗ Red flag: confusion about either agreement, or hesitation to sign.
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6. "How is your fee structured?"

In Florida especially, paying per lead or per admission can run into patient-brokering law.

- ✓ Strong: transparent **flat-fee retainer** for a defined scope; ad spend separate; can explain why.
 - ✗ Red flag: pay-per-lead, pay-per-admission, or vague "performance" pricing tied to patient volume.
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7. "How do you keep us able to advertise — LegitScript, platform policies?"

Certification and ad-account approval in this vertical is its own discipline.

- ✓ Strong: they've navigated LegitScript and platform policy for treatment clients before.
 - ✗ Red flag: they assume it works like any other industry's ad accounts.
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8. "Do you pace spend to our census?"

Spending hard while you're full is wasted budget.

- ✓ Strong: they adjust spend to your bed availability and can explain how.
 - ✗ Red flag: flat spend year-round regardless of whether you have beds to fill.
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9. "Where does our patient data physically go, and who can see it?"

You should be able to see a clear map of your own data.

- ✓ Strong: they can diagram the data flow and the safeguards at each step.
 - ✗ Red flag: hand-waving, or they've never thought about it.
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10. "When AI makes campaign-building basically free, what's your edge?"

Execution is commoditizing fast. Durable agencies compete on something AI can't clone.

- ✓ Strong: their edge is data, outcomes, and compliant access — not just "we run good ads."
- ✗ Red flag: their whole pitch is execution speed or volume of deliverables.

SECTION 3

Walk-away red flags

Any one of these is a reason to slow down. Two or more is a reason to walk.

- ▶ **They guarantee a specific number of patients in a specific timeframe.** No one can ethically guarantee admissions — it signals either naivety or a willingness to overpromise.
- ▶ **They want to be paid per lead or per admission** (especially in Florida). A patient-brokering risk dressed up as "performance pricing."
- ▶ **They can't explain how they'll track admissions** — only leads.
- ▶ **They've never heard of 42 CFR Part 2** or can't speak to BAAs/QSOAs.
- ▶ **They serve every industry under the sun.** Behavioral health is too specialized for a generalist to wing it.
- ▶ **Their reporting is all vanity metrics** — impressions, clicks, "engagement" — with nothing tied to revenue.
- ▶ **They lock you into a long contract before proving anything.** Confidence looks like month-to-month.

SECTION 4

Green flags — signs you found a real one

- ★ **They ask about your census and payer mix** before they pitch you anything.
- ★ **They talk in admits and cost-per-admit** naturally, not just leads.
- ★ **Compliance comes up before you raise it.**
- ★ **Flat-fee, transparent pricing** with no patient-volume strings attached.
- ★ **Behavioral health is all (or nearly all) they do.**
- ★ **They're comfortable being measured** on outcomes and offer month-to-month terms.

SECTION 5

The agency scorecard

Score each agency 0–2 on every dimension (0 = no / red-flag answer, 1 = partial, 2 = strong). Tally at the bottom.

Dimension	Agency A	Agency B	Agency C
1. Behavioral health specialization (depth, not dabbling)	–	–	–
2. Accountable to cost-per-admit, not leads	–	–	–
3. Can prove a lead became an admit	–	–	–
4. Compliance fluency (HIPAA / Part 2 / BAA / QSOA)	–	–	–
5. Compliant tracking (server-side, de-identified)	–	–	–
6. Flat-fee, patient-brokering-safe pricing	–	–	–
7. Ad-account / LegitScript expertise	–	–	–
8. Paces spend to census	–	–	–
9. Transparent about data flow	–	–	–
10. A durable edge beyond execution	–	–	–
Total (out of 20)	–	–	–

How to read your score:

- **16–20:** A genuine specialist. Keep talking.
- **10–15:** Proceed with caution — press on the gaps before signing.
- **Under 10:** Walk away. The cleanup will cost more than they'll ever save you.

SECTION 6

Understanding the pricing models

Proposals come in a few shapes. Here's what each really means for you.

Model	What it means	Watch for
Flat-fee retainer	Set monthly fee for a defined scope; ad spend separate.	Cleanest and most compliant. Make sure scope is clearly defined.
Per-lead / per-admission	You pay for each lead or admission delivered.	Patient-brokering risk in Florida and beyond. Treat as a red flag for SUD.
% of ad spend	Fee scales with how much you spend on ads.	Misaligned — it rewards spending more, not admitting more.
Hourly	Billed for time worked.	Unpredictable; hard to tie to outcomes.

THE CLEAN ANSWER

For behavioral health, a transparent **flat-fee retainer** with ad spend as a separate pass-through is both the safest structure and the one that best aligns your agency with filling beds rather than running up spend or selling you bodies.

Pricing-law references (including Florida's Patient Brokering Act) are simplified summaries, not legal advice. Have proposed fee structures reviewed by qualified healthcare counsel before signing.

FINALLY

Hire the partner who's accountable to your beds

The right agency makes you safer and fuller at the same time. The wrong one makes a dashboard look good while your census doesn't move.

Run every agency you're considering through the ten questions and the scorecard. The real ones will be glad you asked. The wrong ones will change the subject.

Want to see how we'd answer all ten?

We're a behavioral health marketing agency built around verified admits, compliant-by-design tracking, and flat-fee pricing. Put us through your own scorecard — that's exactly how we'd want to be judged.

Book a no-pitch strategy call and we'll walk through your situation and answer every question in this guide, on the record.

Book a Free Strategy Call →

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This guide is educational and is not legal, financial, or compliance advice. It offers general criteria for evaluating marketing vendors and does not guarantee any outcome. Confirm compliance and contractual specifics with qualified counsel.