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FREE PLAYBOOK

The **Cost-Per-Admit** Playbook

Why your marketing dashboard says you're winning while your beds sit empty — and the one metric that tells the truth.

For treatment-center operators tired of paying for leads that never admit. A plain-English guide to measuring what actually fills beds — and pacing your spend to your census instead of your ad account.

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A companion to **The Compliance Playbook for Behavioral Health Marketing**. Educational, not legal or financial advice.

INTRODUCTION

Green dashboard, empty beds

If your marketing report is all green arrows and your census still isn't where it needs to be, you've found the most expensive blind spot in behavioral health marketing.

It happens because of one quiet substitution: your agency measures what's **easy** instead of what **matters**. Clicks, impressions, cost-per-lead — all easy to move, all easy to make look good in a slide. None of them pay your staff.

This playbook is about the number that does: **cost-per-verified-admit**. What it is, why almost no one measures it, how to actually get it, and what changes the moment you do. Read it alongside our Compliance Playbook — because measuring admits the right way and staying compliant are the same project.

SECTION 1

Why cost-per-lead is lying to you

A lead is not a patient. Between a form fill and a paying admit sits a long, leaky path — and cost-per-lead pretends that path doesn't exist.

Think about everything that has to go right after a lead comes in: the person has to be reachable, have verified benefits or means to pay, be in-network or a fit for your payer mix, need your level of care, and actually choose **your** facility over the others calling them back. Most leads fall out somewhere along that path.

Here's the trap: the **cheapest** leads are usually the **least qualified**. So when an agency proudly reports "we lowered your cost-per-lead," it can quietly mean "we filled your pipeline with people who will never admit." The dashboard looks better while your beds stay empty.

THE CORE PROBLEM

You can win the cost-per-lead game and lose census at the same time. Optimizing to lead volume is optimizing to noise.

SECTION 2

The metric that actually matters

Cost-per-verified-admit is what you spent to produce one paying admission. It's the only marketing number that maps directly to revenue and to filled beds.

Why almost no one measures it

Because it's harder. Cost-per-lead lives in your ad account, where any agency can read it. Cost-per-admit lives in your **EHR** — Kipu, Sunwave, Alleva — because that's where an inquiry becomes a verified, paying admission. Connecting those two worlds takes compliance fluency and access most agencies don't have. So they measure what they can see and hope you don't ask about the rest.

What it gives you

- A true read on which channels, campaigns, and keywords produce **admissions**, not just inquiries.
- The confidence to cut spend that looks good on cost-per-lead but never fills a bed.
- A number you can take to your board that actually ties marketing to revenue.

THE ONE QUESTION

Stop asking your agency what your cost-per-lead is. Ask what your cost-per-admit is. If they can't answer, they're guessing — and you're paying for the guess.

SECTION 3

The math nobody shows you

Here's why "cheaper leads" can be the most expensive choice you make. An illustrative comparison of two campaigns spending real money:

	Campaign A — "cheap leads"	Campaign B — "qualified leads"
Cost-per-lead	\$40	\$120
Leads generated	500	120
Total spend	\$20,000	\$14,400
Admit rate	4%	18%
Verified admits	20	≈ 22
Cost-per-admit	\$1,000	≈ \$655

Illustrative figures for explanation only — not a performance projection. Your real numbers come from your own data.

Campaign A wins on every vanity metric: lower cost-per-lead, more leads, a busier-looking dashboard. Campaign B spent **less total**, produced **more paying admits**, and did it at roughly **two-thirds the cost-per-admit**.

If you were optimizing to cost-per-lead, you'd kill Campaign B for being "expensive" — and quietly starve yourself of admissions. Only the cost-per-admit view tells you the truth.

THE TAKEAWAY

Cheap leads aren't cheap if they don't admit. The number that protects you is the one at the bottom of the table.

SECTION 4

How to actually measure it

Measuring cost-per-admit means connecting a marketing source to a verified admission — safely, inside a compliant boundary. Here's the shape of it.

1. **Tag the source.** Every inquiry — form, call, chat — carries the channel/campaign that produced it.
2. **Match to the admit.** Inside your protected environment, marketing sources are matched to verified admissions in your EHR using a minimal key (often a phone number).
3. **De-identify on the way out.** Only the de-identified result — e.g., "cost-per-admit by channel" — leaves the boundary. No protected information is exposed to ad platforms or dashboards.
4. **Report the number.** You get cost-per-admit by channel, campaign, and (over time) by payer or level of care.

COMPLIANCE IS THE PREREQUISITE

This only works if it's built compliantly — read-only EHR access, the right agreements (BAA + QSOA), and a defined data boundary. That's the entire subject of our companion Compliance Playbook. The compliance work isn't the obstacle; it's the key to the data.

Connecting marketing and clinical data involves HIPAA and 42 CFR Part 2 obligations. Implement only with appropriate agreements and qualified counsel — this is educational, not legal advice.

SECTION 5

Stop spending while you're full: census-aware pacing

Once you can see admits, you can do something almost no one does: match your spend to your actual bed availability.

Most facilities run their ad budget flat all year — the same spend whether they're at 60% or 100% census. That means burning budget generating inquiries you can't even place when you're full, then having nothing extra in reserve when a wave of beds opens up.

Census-aware pacing flips that: spend leans in when you have beds to fill and eases off when you don't. It's only possible when your marketing system can see your census — which, again, comes back to a compliant EHR connection.

WHAT IT'S WORTH

Pacing to census typically means the same budget produces more admits — because none of it is wasted chasing inquiries for beds you don't have.

SECTION 6

What changes when you optimize to admits

Three things shift the moment cost-per-admit becomes your north star instead of cost-per-lead:

1. You cut the spend that produces noise

Channels that generate cheap inquiries but few admissions get trimmed — money you were quietly wasting comes back.

2. You double down on what fills beds

The channels with the lowest cost-per-admit get more budget, even if their cost-per-lead looks "expensive." You fund outcomes, not optics.

3. You pace to your census

Spend follows bed availability, so budget works hardest exactly when you need admits and rests when you're full.

THE COMPOUNDING PART

Every month of admit data makes the next month's decisions sharper. Over time you're not just running campaigns — you're building a private map of what actually produces admissions for a facility like yours.

SECTION 7

Your cost-per-admit scorecard

Use this to pressure-test your current marketing — whether you run it in-house or through an agency.

- I can state my **cost-per-admit** (not just cost-per-lead) for last month.
- I can break that number down **by channel** (SEO, paid search, social, referral).
- My inquiries are **source-tagged** from first touch through intake.
- Marketing data is matched to **verified admissions**, not estimated.
- The matching happens inside a **compliant boundary** (see Compliance Playbook).
- My spend **adjusts to census** instead of running flat year-round.
- I fund channels by **cost-per-admit**, not by how cheap the leads look.
- My agency's fee is **flat-fee**, not tied to lead or admission volume.
- I review these numbers **monthly**, not once a quarter.

SCORING IT

Can't check the first two boxes? You're flying on vanity metrics — and almost certainly overpaying for admissions you could be getting cheaper.

FINALLY

Fund outcomes, not optics

Cost-per-lead is a comfortable number. Cost-per-admit is an honest one. Honest numbers are how you fill beds.

You don't need a busier dashboard. You need to know which marketing actually produces paying admissions — and to put your budget there. That's the whole game.

See your real cost-per-admit

We're a behavioral health marketing agency built around verified admits and compliant-by-design measurement. If your current agency can't tell you your cost-per-admit, they're guessing — and you're paying for the guess.

Book a no-pitch strategy call and we'll walk through where your spend is leaking and where it's actually filling beds.

Book a Free Strategy Call →

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