

MISSION: To heal families and inspire

youth to reach their full potential.

VISION:

Communities where health and support services are accessible and prosperity is possible.

Administrative Offices: 777 N. First St., Suite 444 San Jose, CA 95112 408.204.0070

Clinic:

1245 E. Santa Clara Street San Jose, CA 95116 408.294.0500

www.alumrockcc.org



Behavioral Health programs are funded by Santa Clara County Mental Health Service Act.

Alum Rock Counseling Center (ARCC)

Behavioral Health & Educational Support Services

Alum Rock Counseling Center has provided behavioral health & educational support services to youth and families in Santa Clara County since 1974. We offer culturally competent, quality healthcare in schools, in homes out in the community, and in our clinic located in East San Jose. Services are provided in multiple languages.

The overarching goals of ARCC's programs are to:

- Provide behavioral health and emotional support to students in order to increase school engagement, attendance and achievement
- Decrease at-risk behaviors
- Promote healthy, natural support systems and healthy families
- Reduce the impact of trauma
- Connect youth and families to needed tools & resources so they can lead safe, healthy, productive and successful lives

Services include:

- Support for Childhood Trauma
- Individual Therapy
- Family Therapy
- Child Abuse/Neglect Prevention
- Development of healthy coping skills
- Parent & Family Workshops
- Life & Social Skills Development
- Case Management
- Substance Use Prevention Education
- Risk Assessment and Management
- Student Behavior Support
- Family Reunification Services

Eligibility:

Many of ARCC's programs accept Medi-Cal. Please contact us at the information below to determine eligibility and/or request a referral:

Central Intake and Billing Department 408-240-0700 ext. 3014

To request a presentation at your school or organization, you can email us at info@alumrockcc.org

Request for Services					
$I \ am \ interested \ in \ finding \ out \ about \ and/or \ receiving \ services \ for \ my \ child \ and/or \ my \ family. \ I \ can \ be \ contacted \ by \ ARCC \ staff \ to \ further \ discuss \ service \ opportunities.$					
Date:					
Child's Name	Address:		Zip Coc	Zip Code:	
School	Grade _	Birthdate	Age	_ Gender: M F	
Parent/Caregiver Name:		Language	Caregiver Phone	e:	