



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, via telehealth, 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
- Family Reunification Services
- Risk Assessment and Management
- Student Behavior Support
- Mental Health & Wellness Drop-In Centers for Youth (ages 12-25)

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
669-226-6949

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

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.

VALUES:
Integrity
Helping Others
Respect
Diversity
Quality Work

CONTACT INFO:
1245 E. Santa Clara Street
San Jose, CA 95116
408.294.0500
info@alumrockcc.org
www.alumrockcc.org



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

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 Code: _____

School _____ Grade _____ Birthdate _____ Age _____ Gender: M F

Parent/Caregiver Name: _____ Language _____ Caregiver Phone: _____