

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.

Clinic:

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

> 24/7 Crisis Line: (408) 294-0579

www.alumrockcc.org



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



Alum Rock Counseling Center (ARCC)

Behavioral Health 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 sensitive, 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
- Psychoeducation
- Development of healthy coping skills Student Behavior Support
- Parent Workshops

- Life & Social Skills Development
- Case Management
- Crisis Intervention
- Risk Assessment and Management
- · Family Workshops

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

You can also contact us at info@alumrockcc.org

Behavioral Health Services I am interested in finding out about and/or receiving services for my child or my family and 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: _____ Caregiver Phone: _____