

**BY ORDER OF THE COMMANDER  
AIR EDUCATION AND TRAINING  
COMMAND**



**AIR EDUCATION AND TRAINING  
INSTRUCTION 48-105**

**8 NOVEMBER 2022**

***Aerospace Medicine***

**BIOGRAPHICAL EVALUATION AND  
SCREENING OF TRAINEES (BEST)  
PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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**This instruction implements Air Force Policy Directive (AFPD) 48-1, *Aerospace and Operational Medicine Enterprise (AOME)*.** It provides responsibilities, policies and procedures for the Biographical Evaluation and Screening of Trainees (BEST). The BEST Program encompasses the use of screening and interview procedures during Basic Military Training (BMT) to identify and evaluate trainees with mental health and behavioral issues. This publication applies to the United States Air Force, the United States Space Force, the Air Force Reserve and the Air National Guard. It requires collecting and maintaining information protected by the Privacy Act of 1974 authorized by Title 10, USC, Section 9013, Secretary of the Air Force. Information collected is for official use only. Air Force systems of records notice F036 AF A, *Biographical Data and Automated Personnel Management*, applies and is available at <http://dpclo.defense.gov/privacy/SORNS/SORNS.html>. Requests to release Privacy Act information to persons or agencies outside of the Department of Defense must comply with Air Force Instruction (AFI) 33-332, *Air Force Privacy and Civil Liberties Program*; Department of Defense Instruction (DoDI) 5400.11 *DoD Privacy Program*, DoDI 6025.18, *Health Insurance and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs* and the Health Insurance Portability and Accountability Act of 1996. Refer recommended changes and questions about this publication to the office of primary responsibility (OPR) using DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command to AETC/SG ([aetc.sgworkflow@us.af.mil](mailto:aetc.sgworkflow@us.af.mil)). Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFI 33-322, *Records Management and Information Governance Program*, and

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## ***SUMMARY OF CHANGES***

Administrative changes made to include inclusion of USSF and updated references. Added HQ AETC Studies and Analysis Squadron as supporting agent. Added specificity to AETC/SGPK role. Revised funding related language to align with current operations. Added language to clarify requirements for a licensed psychologist as Chief of Psychology Research Service (PRS) and mental health technician staffing. Updated Phase II and Phase III processes to be inclusive of additional mental health provider types, not just Psychologists.

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### **1. Objectives.**

1.1. Evaluate Air Force enlisted trainees at service entry for mental health and behavioral risk factors.

1.1.1. Apprise 2 AF of those trainees with significant risk factors to facilitate appropriate classification, maximizing opportunity for trainee success in the Department of the Air Force.

1.1.2. Make appropriate referrals for medical and mental health evaluations. These referrals would be voluntary for trainees, with the exception that a trainee who is psychotic or imminently suicidal or homicidal will be sent to the San Antonio Military Medical Center for an evaluation in accordance with DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*.

1.2. Improve resilience, mental health, and behavioral problem assessment procedures. Determine the potential of new screening instruments.

### **2. Responsibilities.**

2.1. HQ AETC/A1 shall prescribe trainee separations and classification policies and procedures.

2.2. HQ AETC/SG shall authorize the execution and administration of the BEST Program.

2.3. HQ AETC/SGPK shall:

2.3.1. Advise HQ AETC/A1 on medical aspects of the program.

2.3.2. Advise the 59th Medical Wing on the execution and administration of the BEST Program and assist the 59th Medical Wing as BEST Program liaison, for the Air Force, Space Force, or other DoD senior level inquires.

2.4. HQ AETC/SGS shall:

2.4.1. Advise, validate, and advocate for appropriate resources through the HQ AETC Corporate Structure process.

2.4.2. Advocate funding and manpower requirements with HQ AETC/A1 and HQ AETC/FM.

2.4.3. Validate and advocate requirements with HQ AETC/A4 for future years programming.

2.5. HQ AETC/JA shall guide and assist HQ AETC/SG, HQ AETC/A1, and HQ AETC in managing the legal aspects of the program.

2.6. HQ AETC/A9 Studies and Analysis Squadron shall provide data analytic consultation and support for BEST Program studies and analysis requests.

2.7. 2 AF, Det 1 shall:

2.7.1. Code the Air Force Recruiting Information Support System Total Force with results of BEST Program phase II screen.

2.7.2. Utilize this information during the classification interview to make an optimum person/job match.

2.7.3. Refer trainees to the Psychology Research Service (PRS) for BEST Phase II screening.

2.8. 59th Medical Wing shall:

2.8.1. Manage and execute the BEST Program and ensure the Behavioral Analysis Service (BAS) and PRS formulate pertinent program policies and procedures.

2.8.2. Provide a licensed Psychologist as Chief of PRS who is capable of executing and leading operational clinical screenings, interviews, and large-scale studies and analysis. Provide a system manager to manage and maintain the central data base. Provide Mental Health Technician(s) to execute clinical screenings and interviews.

2.9. 37th Training Wing shall:

2.9.1. Help formulate the Basic Military Training (BMT) component of BEST Program policies and procedures.

2.9.2. Collect and provide attrition-related information for each recruit who does not graduate from BMT.

2.9.3. Provide facilities and scheduling support for the BMT components of the BEST Program.

**3. BEST Program.** The 559th BAS has oversight of the BEST program. The BEST Program consists of two components (1) an operational clinical screening and interview component and (2) a large-scale studies and analysis component.

3.1. Component I, Operational Screening and Interviews. This component occurs during BMT.

3.1.1. Phase I screening is mandatory for all trainees and occurs during the first 72 hours of in-processing. The screening questionnaire will be administered by 559th Trainee Health Squadron, PRS, to all trainees. Responses to mental and behavioral health questions will be used to identify individuals with behavioral or mental health issues. Trainees are told that the information obtained can be used for routine purposes related to job classification, administrative discharge, and referrals for further evaluation. Trainees who report the most significant problems on the questionnaire are sent for Phase II screening.

3.1.2. Trainees who report the most significant problems on the questionnaire are seen for mandatory Phase II screening no later than the end of BMT week one. 2 AF, Det 1 can also make referrals for Phase II screening. These referrals can be made at any time during BMT. Phase II screening is also mandatory for these trainees. Phase II interviews will be conducted by mental health technicians. A PRS or BAS psychologist [or social worker as directed by PRS Chief or PRS Officer in Charge (OIC)] will review the questionnaire and mental health technician interview results. The PRS/BAS psychologist [or social worker as directed by PRS Chief or PRS OIC] can recommend disqualification from sensitive occupations. A recommendation of “disqualify from sensitive skills” will be sent to 2 AF, Det 1. In addition, the psychologist/social worker will make referrals for medical and mental health evaluations. All referrals generated as a result of the Phase II process are voluntary and require informed consent by trainees with the exception of those who are psychotic or at imminent risk for harming self or others in accordance with DoDI 6490.04. Trainees who report acute medical problems will be referred to Trainee Health at Reid Clinic. Trainees who are in need of a mental health evaluation, but who do not need to be evaluated for a psychiatric hospitalization, will receive a referral to BAS for a Phase III evaluation. Trainees who are at imminent risk for a psychotic episode or for harming self or others will be sent to the San Antonio Military Medical Center in accordance with DoDI 6490.04. If a trainee endorses elevated risk factors but does not require hospitalization, the provider will ensure coordination of an agreed upon safety plan pending Phase III follow up. All encounters will be documented in the trainee’s outpatient medical record.

3.1.3. Phase III evaluations are conducted by BAS mental health providers in accordance with the requirements of AFI 44-172, *Mental Health* and respective relevant Defense Health Agency policies. Informed consent must be provided at all evaluations; trainees can express voluntary or non-voluntary status for evaluation. Providers will refer non-voluntary trainees to command for Command Directed Evaluation determination when fitness for duty concerns are involved. If necessary, BAS mental health providers can refer trainees for an evaluation for psychiatric hospitalization. Phase III evaluations will occur within two weeks. Evaluations for expedited referrals, made for trainees who have an elevated risk of harming self or others but do not require an immediate referral to the San Antonio Military Medical Center, will be conducted within three duty days. BAS mental health providers may send clinical recommendations to the trainee’s squadron commander. Should trainees be disqualified for general military service, to include identification of disqualifying conditions listed in DoDI 6130.03-V1 *Medical Standards for Military Service: Appointment, Enlistment, or Induction*, BAS mental health providers may submit a waiver review request to the Air Force Recruiting Service Accession Medical Waiver

Division on behalf of the trainee's commander, or they can recommend an administrative separation to the trainee's commander in accordance with Department of Air Force Instruction 36-3211, *Military Separations*.

### **3.2. Component II, Large-Scale Studies and Analyses.**

#### **3.2.1. Conduct studies and analyses for two broad reasons:**

3.2.1.1. To provide information on the resilience, mental health, and behavioral problems of past and current trainees.

3.2.1.2. To evaluate the effectiveness of assessment, screening, and selection processes for enlistment, assignment, deployment, and retention.

3.2.2. Individual medical, personnel, and behavioral records will be obtained to provide information and permit analysis. These records will use the trainee's Social Security Number for identification and will include trainees formerly and currently serving in military positions.

3.2.3. Per DoD guidance, written agreements will be required for all data sets received that contain Personally Identifiable Information (PII). These agreements may be Memorandum of Agreements, Data Use Agreements, or Memorandum of Understandings but at a minimum will cover the protection of the data, the reason for collecting the data, and use and disposition of the data.

3.2.4. The BEST Program will follow guidance in AFI 33-332, *Air Force Privacy and Civil Liberties Program*, with regard to PII. The number of individuals having access to PII will be restricted, and PII elements will be removed from analysis files whenever possible.

3.2.5. The Chief of PRS will advise all programmers and analysts of the sensitive nature of the information. Analysts and programmers at Joint Base San Antonio Lackland will complete annual Privacy Act Training and Information Awareness Training prior to gaining access to data sets. Similarly, for research studies, all investigators and associate investigators will complete Institution Review Board approved training prior to gaining access to data sets.

3.2.6. Studies which add time to the BMT Program require 737 TRG/CC approval.

3.2.7. The BEST Program studies, analyses, and findings will be presented to the 59th Medical Wing and, when appropriate, shared with the Air Force Medical Service, Air Force, and USSF via published reports, briefings, articles, book chapters, and/or analytic notes. All results will be subject to Air Force management, Public Affairs requirements, and peer review.

**4. Policies.**

- 4.1. Only trained mental health technicians and qualified PRS/BAS mental health providers will conduct the operational clinical interviews.
- 4.2. No recommendation for separating individuals will be made solely on the basis of the questionnaire and a mental health technician interview.
- 4.3. Squadron instructors and commanders cannot view the questionnaire raw data.

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**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Health Insurance Portability and Accountability Act of 1996

The Privacy Act of 1974

Title 10, U.S.C., Section 9013, *Secretary of the Air Force*

DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*, 8 December 2020

DoDI 6025.18, *Health Insurance and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*, 13 March 2019

DoDI 6130.03-V1, *Medical Standards for Military Service: Appointment, Enlistment, or Induction*, 30 March 2018, Change 3, 6 June 2022

DoDI 6490.04, *Mental Health Evaluations of Members of the Military Services*, 4 March 2013

AFI 33-322, *Records Management and Information Governance Program*, 3 March 2020

AFI 33-332, *Air Force Privacy and Civil Liberties Program*, 10 March 2020

AFI 44-172, *Mental Health*, 13 November 2015

AFPD 48-1, *Aerospace and Operational Medicine Enterprise*, 7 June 2019

DAFI 36-3211, *Military Separations*, 24 June 2022

***Prescribed Forms***

None

***Adopted Forms***

DAF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**BAS**—Behavioral Analysis Service

**BEST**—Biographical Evaluation and Screening of Trainees

**BMT**—Basic Military Training

**OIC**—Officer In Charge

**PII**—Personally Identifiable Information

**PRS**—Psychology Research Service

***Office Symbols***

**2 AF**—Second Air Force

**AETC**—Air Education and Training Command

**AETC/A1**—Air Education and Training Command Chief of Staff, Manpower and Personnel

**AETC/A9**—Air Education and Training Command Director, Studies, Analyses and Assessments

**AETC/JA**—Air Education and Training Command Director, Office of The Judge Advocate General

**AETC/SG**—Air Education and Training Command Surgeon General

**AETC/SGS**—Air Education and Training Command Surgeon General Medical Support Division

**AETC/SGPK**—Air Education and Training Command Surgeon General Mental Health Branch