

# Performance Measurement Tool (PMT)

Data Entry Pages  
for  
Drug Court Program—Joint and Enhancement





# PMT Data Entry Pages

Log In

General Award Information Page (*one-time data entry*)

Program Characteristics (*one-time data entry*)

Data Entry (*quarterly data entry*)

Create A Report (*This is not a data entry page. Upon initiating the creation of this report it helps the grantee to pull saved data into a downloadable report to submit to OJJDP. It is created once a year or 2 times per year, depends on the grant program*).



# Log In

PMT Website



OFFICE OF JUSTICE PROGRAMS

## BJA BUREAU OF JUSTICE ASSISTANCE

<https://www.bjaperformancetools.org>

### Performance Measurement Tool (PMT)

The BJA Performance Measurement Tool supports BJA grantees ability to identify, collect, and report performance measurement data on activities funded by their award. After logging in, you will be able to:

- Report Data
- Create a report ready for the Grants Management System (GMS)

You must be a grantee of BJA to obtain a user ID and password to access these features. If you need a user ID or have questions or any problems; please feel free to contact the help desk staff at [bjapmt@csrincorporated.com](mailto:bjapmt@csrincorporated.com).

### Login

Enter your User ID and Password to sign in.

User ID:

Password:

Enter your **user ID and password** to enter the system.

BJA



# General Award Information

**ONE TIME SETUP**  
Responses are carried  
over to the next  
reporting period

[Info & Resources](#) [Profile](#) [Federal Awards](#) [Reports](#) [Help](#) [Log Out](#)

Grantee: Drug Courts TEST Program: Drug Court Enhancement NEW Reporting Period: Oct - Dec 11 Fed Awd #: 2011-DC-XX-TEST3 Amt: \$100,000

### General Award Information

**Please answer Yes or No:**  
**Was there any grant activity during the reporting period?**

All fields are required for projects that had grant activity during the reporting period. After you have entered the requested information about this grant, use the button at the bottom of the screen to save your information.

#### General Award Information

1. Was there any grant activity during the reporting period October 1, 2011 - December 31, 2011?

DEFINITION: Grant activity is defined as proposed activities in the BJA-approved grant application that are implemented or executed.

☐ Yes

☐ No, no grant activity occurred during the period and no funds were expended.

If no, please explain:

2. Has the drug court program admitted participants?

☒ Yes

☐ No

3. Which one of the following type of areas best describes where your drug court program is located?

☒ A. Urban (a large city area with 50,000 or more people)

☐ B. Suburban (territory outside of a large city with a population of 2,500 to 50,000 people or more)

☐ C. Rural (territory that encompasses all people and housing not included within a suburban, urban or tribal area)

☐ D. Tribal (territory that contains a concentration of people who identify with a federally recognized American Indian tribe)

**Save** **Cancel**

For more information contact [BJAPMT@csrincorporated.com](mailto:BJAPMT@csrincorporated.com)  
Toll-free Technical Assistance Helpdesk Number: 1-888-252-6867

The General Award Information page is intended to capture info about the location and population served with this award.



# Program Characteristics

**ONE TIME DATA ENTRY**  
Responses are carried over to the next reporting period

[Info & Resources](#) [Profile](#) [Federal Awards](#) [Reports](#) [Help](#) [Log Out](#)

Grantee: Drug Courts TEST Program: Drug Court Enhancement NEW Reporting Period: Oct - Dec 11 Fed Awd #: 2011-DC-BX-TEST5 Amt: \$100,000

### Enhancement Program Characteristics [Back to View](#)

Please enter data for each performance measure shown below.

**Award Information saved.**

#### Enhancement Program Characteristics

☐ Program Characteristics

4. [What is the date that the drug court first enrolled a participant with this BJA drug court funding?](#)  
A. Enter Date (mm/dd/yyyy)

5. [What is the date that the drug court program first enrolled a participant?](#)  
A. Enter Date (mm/dd/yyyy)

6. [Does your drug court program clearly communicate a system of graduated sanctions and incentives that are implemented fairly and with certainty in response to their behavior?](#)  
A. Yes No ☐ Yes ☐ No

7. [Does your drug court program administer random and observed alcohol and substance abuse testing?](#)  
A. Yes No ☐ Yes ☐ No

8. [Does your drug court program use evidence-based treatment services?](#)  
A. Yes No ☐ Yes ☐ No

**Save**

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Toll-free Technical Assistance Helpdesk Number: 1-888-252-6867

Program characteristics are intended to capture information specific to your program and are only asked once (referred to as baseline data).



# Data Entry

## QUARTERLY DATA ENTRY

<a href="#">Info &amp; Resources</a>	<a href="#">Profile</a>	<a href="#">Federal Awards</a>	<a href="#">Reports</a>	<a href="#">Help</a>	<a href="#">Log Out</a>
Grantee: Drug Courts TEST    Program: Drug Court Enhancement NEW    Reporting Period: Oct - Dec 11    Fed Awd #: 2011-DC-XX-TEST3    Amt: \$100,000					
<b>Enhancement Program Level Measures</b> <a href="#">Back to View</a>					
Please enter data for each performance measure shown below.					
<b>Enhancement Program Level Measures</b> <b>October to December 2011</b>					
<input type="checkbox"/> <b>Amount Of Services Added</b>					
9. <u>Were your BJA program funds used to add <b>inpatient</b> treatment slots during the reporting period?</u>					
A. Yes No <input type="radio"/> Yes <input type="radio"/> No					
B. If yes, please enter the number of inpatient treatment slots added during the reporting period as a result of this grant. <input type="text"/>					
10. <u>Were your BJA program funds used to add <b>outpatient</b> treatment slots during the reporting period?</u>					
A. Yes No <input type="radio"/> Yes <input type="radio"/> No					
B. If yes, please enter the number of outpatient treatment slots added during the reporting period as a result of this grant. <input type="text"/>					
11. <u>Were your BJA program funds used to add staff who provide <b>new case management or offender supervision services</b> during the reporting period?</u>					
A. Yes No <input type="radio"/> Yes <input type="radio"/> No					
B. If yes, please enter the number of case management or offender supervision staff added during the reporting period as a result of this grant. <input type="text"/>					
<input type="checkbox"/> <b>Amount Of Services Delivered</b>					
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					
For more information contact <a href="mailto:BJAPMT@csrincorporated.com">BJAPMT@csrincorporated.com</a> Toll-free Technical Assistance Helpdesk Number: 1-888-252-6867					





## Data Entry

### QUARTERLY DATA ENTRY

19. Of those screened and **determined to be ineligible** for the drug court program, please enter the number of such individuals based on the following demographic information. Enter the **race, ethnicity and gender** of each individual determined to be ineligible for the drug court program during the reporting period.

Ethnicity and Gender	Males	Females
Hispanic or Latino/a	<input type="text"/>	<input type="text"/>
Non-Hispanic or Latino/a	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>
The sum of this table (Calculated Value) should be less than or equal to the number of individuals determined to be ineligible during the reporting period (Auto Fill Value).	Calculated Value	Auto Fill Value

19. Of those screened and **determined to be ineligible** for the drug court program, please enter the number of such individuals based on the following demographic information. Enter the **race, ethnicity and gender** of each individual **determined to be ineligible** for the drug court program during the reporting period.

Race and Gender	Males	Females
White	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>
Pacific Islander or Native Hawaiian	<input type="text"/>	<input type="text"/>
Mutliracial	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>
The sum of this table (Calculated Value) should be less than or equal to the number of individuals determined to be ineligible during the reporting period (Auto Fill Value).	Calculated Value	Auto Fill Value



# Narrative

There are 7 narrative questions.  
Grantee provides responses  
2 times per year.

When entering data for the October–December and April–June reporting periods, you are asked to answer 7 narrative questions required of all BJA grantees. The questions are based on the previous **6 months of activity**, regardless of whether or not your award was considered “operational.”

Narrative Information		July to December 2011
1. <a href="#">What were your accomplishments within this reporting period?</a>		
A. Open ended text response	<input type="text"/>	
2. <a href="#">What goals were accomplished, as they relate to your grant application?</a>		
A. Open ended text response	<input type="text"/>	
3. <a href="#">What problems/barriers did you encounter, if any, within the reporting period that prevented you from reaching your goals or milestones?</a>		
A. Open ended text response	<input type="text"/>	
4. <a href="#">Is there any assistance that BJA can provide to address any problems/barriers identified in question #3 above?</a>		
A. Yes/ No	<input type="radio"/> Yes <input type="radio"/> No	
B. If yes, please explain.	<input type="text"/>	